

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Fleming For Congress

ADDRESS (number and street)

PO Box 1236

Check if different  
than previously  
reported. (ACC)

Minden

LA

71058-1236

2. FEC IDENTIFICATION NUMBER ▼

C

C00445015

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

LA

04

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Susan Shaw

Signature of Treasurer

Susan Shaw

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 160

Write or Type Committee Name

**Fleming For Congress**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	197459.28	1367579.57
(b) Total Contribution Refunds (from Line 20(d)) .....	0	6150
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	197459.28	1361429.57
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	108527.46	640099.33
(b) Total Offsets to Operating Expenditures (from Line 14).....	291	765.5
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	108236.46	639333.83
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1092399.41	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	148735.08	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name

Fleming For Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	4

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

## 11. CONTRIBUTIONS (other than loans) FROM:

## (a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

136740.97

1104770.97

(ii) Unitemized.....

13218.31

70834.4

(iii) TOTAL of contributions from individuals ▶

149959.28

1175605.37

(b) Political Party Committees.....

0

0

(c) Other Political Committees (such as PACs).....

47500

191075

(d) The Candidate.....

0

899.2

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

197459.28

1367579.57

## 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....

0

0

## 13. LOANS:

(a) Made or Guaranteed by the Candidate.....

0

0

(b) All Other Loans.....

0

0

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0

0

## 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....

291

765.5

## 15. OTHER RECEIPTS (Dividends, Interest, etc.) .....

135.11

1435.56

## 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

197885.39

1369780.63

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 160

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	108527.46	640099.33
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0	0
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0	100000
(b) Of All Other Loans .....	0	0
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0	100000
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0	6150
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs) .....	0	0
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0	6150
21. OTHER DISBURSEMENTS .....	0	600
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	108527.46	746849.33

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1003041.48
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	197885.39
25. SUBTOTAL (add Line 23 and Line 24).....	1200926.87
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	108527.46
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1092399.41

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 OF 160

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Moore Truck & Equipment Co**  
Mailing Address 10400 Wallace Lake Road

City State Zip Code  
Shreveport LA 71106-8023

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300

Date of Receipt

M M / D D / Y Y Y Y  
04 15 2014

Transaction ID : A-CF12078

Amount of Each Receipt this Period

100

Contribution from Partnership. Partners exceeding reporting threshold itemized as memos.

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Thomas Wayne Moore**  
Mailing Address 10400 Wallace Lake Road

City State Zip Code  
Shreveport LA 71106-8023

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Moore Truck & Equipment Co.

Owner

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300

Date of Receipt

M M / D D / Y Y Y Y  
04 15 2014

Transaction ID : A-PIP89

Amount of Each Receipt this Period

100

**[MEMO ITEM]**  
Partnership Itemization Memo

**C.** Full Name (Last, First, Middle Initial)  
**Ramsay Enterprises**  
Mailing Address PO Box 52027

City State Zip Code  
Lafayette LA 70505-2027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400

Date of Receipt

M M / D D / Y Y Y Y  
05 05 2014

Transaction ID : A-CF12288

Amount of Each Receipt this Period

200

Contribution from Partnership. Partners exceeding reporting threshold itemized as memos.

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

300.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 160

☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Dwight S. Ramsay**

Mailing Address PO Box 52027

City State Zip Code  
 Lafayette LA 70505-2027

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Ramsay Enterprises Oilfield Geologist

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 500

Date of Receipt

M M / D D / Y Y Y Y  
 05 05 2014

Transaction ID : A-PIP90

Amount of Each Receipt this Period

200

**[MEMO ITEM]**

Partnership Itemization Memo

**B.** Full Name (Last, First, Middle Initial)  
**Alisa Abecassis**

Mailing Address 53 Boulder View

City State Zip Code  
 Irvine CA 92603-0409

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Self Real Estate Investor

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 1000

Date of Receipt

M M / D D / Y Y Y Y  
 04 07 2014

Transaction ID : A-CF12004

Amount of Each Receipt this Period

1000

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Larry M. Allen**

Mailing Address 1 Beaux Rivages Drive

City State Zip Code  
 Shreveport LA 71106-6806

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Shreveport Anesthesia Servc Physician

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 3799.97

Date of Receipt

M M / D D / Y Y Y Y  
 05 09 2014

Transaction ID : A-CF12339

Amount of Each Receipt this Period

100

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1100.00

X	11a	11b	11c	11d	
	12	13a	13b	14	15

NAME OF COMMITTEE (In Full)  
Fleming For Congress

Mailing Address 1 Beaux Rivages Drive

Shreveport

C \_\_\_\_\_

Occupation  
Physician

Election Cycle-to-Date

3799.97

05 / 09 / 2014

Transaction ID : A-CF12340

983.3

Mailing Address 1 Beaux Rivages Drive

Shreveport

C

Occupation  
Physician

Election Cycle-to-Date

3799.97

MM / DD / YYYY

Transaction ID : A-CF12461

216.67

Mailing Address 1615 Poydras Street  
Floor 22

## New Orleans

C

Occupation  
Attorney

Election Cycle-to-Date

1000

MM / DD / YYYY  
06 / 09 / 2014

Transaction ID : A-CF12483

2199.97

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Fleming For Congress

Full Name (Last, First, Middle Initial)

Mr. William G. Anderson

A.

Mailing Address 333 Texas Street  
Suite 2020

City	State	Zip Code
Shreveport	LA	71101-3680

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Anderson Feazel Management

Occupation  
Manager

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5200

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		02		2014

Transaction ID : A-CF11980

Amount of Each Receipt this Period

2600

Full Name (Last, First, Middle Initial)

Mr. L. Michael Ashbrook

B.

Mailing Address 128 Saint Charles Circle

City	State	Zip Code
Monroe	LA	71203-8919

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PHM Corporation

Occupation  
Owner

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		09		2014

Transaction ID : A-CF12485

Amount of Each Receipt this Period

2600

Full Name (Last, First, Middle Initial)

Micky Bailey

C.

Mailing Address 918 Birch Drive

City	State	Zip Code
Deridder	LA	70634-5318

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		28		2014

Transaction ID : A-CF12151

Amount of Each Receipt this Period

200

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5400.00



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Fleming For Congress

Full Name (Last, First, Middle Initial)

Mr. George A. Baldwin Jr.

Mailing Address 10995 Belle Cour Way

City

Shreveport

State

LA

Zip Code

71106-7706

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baldwin Madden Energy, LLC

Occupation

Petroleum Engineer/Businessman

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2250

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		01		2014

Transaction ID : A-CF12234

Amount of Each Receipt this Period

625

Full Name (Last, First, Middle Initial)

Dr. Albert A. Bange

Mailing Address 103 Country Lane

City

Haughton

State

LA

Zip Code

71037-9233

FEC ID number of contributing  
federal political committee.

C

Name of Employer

USAF Retired

Occupation

Retired COL

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		24		2014

Transaction ID : A-CF12554

Amount of Each Receipt this Period

150

Full Name (Last, First, Middle Initial)

Mr. Craig Barbarosh

Mailing Address 29 Vernal Spring

City

Irvine

State

CA

Zip Code

92603-0404

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Katten Muchin Rosenman LLP

Occupation

Attorney

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		14		2014

Transaction ID : A-CF12068

Amount of Each Receipt this Period

1000

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1775.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 10 OF 160

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

A. Full Name (Last, First, Middle Initial)  
**Mr. Robert Berry Barham**

Mailing Address PO Box 159

City	State	Zip Code
Oak Ridge	LA	71264-0159

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Farmer

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		11		2014

Transaction ID : A-CF12036

Amount of Each Receipt this Period

250

B. Full Name (Last, First, Middle Initial)  
**Ms. Cheryl Baughman**

Mailing Address 18334 Autumn Run Drive

City	State	Zip Code
Prairieville	LA	70769-5216

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LBGH

Occupation  
CEO

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		17		2014

Transaction ID : A-CF12098

Amount of Each Receipt this Period

250

C. Full Name (Last, First, Middle Initial)  
**Dr. Robert P. Blereau**

Mailing Address 3020 Lake Palourde Drive

City	State	Zip Code
Morgan City	LA	70380-1562

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2014

Transaction ID : A-CF12215

Amount of Each Receipt this Period

100

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

600.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Fleming For Congress

Full Name (Last, First, Middle Initial)

A. Mr. Donald A. Bloxom

Mailing Address PO Box 471

City

Minden

State

LA

Zip Code

71058-0471

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		28		2014

Transaction ID : A-CF12152

Amount of Each Receipt this Period

200

Full Name (Last, First, Middle Initial)

B. Mr. Barry O. Blumberg

Mailing Address 2132 Rue Beauregard

City

Baton Rouge

State

LA

Zip Code

70809-1290

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Blumberg &amp; Associates, Inc.

Occupation

President

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		03		2014

Transaction ID : A-CF11990

Amount of Each Receipt this Period

1000

Full Name (Last, First, Middle Initial)

C. Mr. Rock Bordelon

Mailing Address 106 Piccadilly Circle

City

Bossier City

State

LA

Zip Code

71111-7124

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Allegiance Health Management

Occupation

CEO and Owner

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		15		2014

Transaction ID : A-CF12381

Amount of Each Receipt this Period

2600

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3800.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 12 OF 160

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Fleming For Congress

Full Name (Last, First, Middle Initial)

Mrs. Bernadette Boyd

Mailing Address 411 Pierremont Road

City

Shreveport

State

LA

Zip Code

71106-2205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Boyd Family Practice

Occupation

Family Nurse Practitioner

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

1000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		14		2014

Transaction ID : A-CF12368

Amount of Each Receipt this Period

1000

Full Name (Last, First, Middle Initial)

Mr. David Bramzon

Mailing Address 437 J Street  
# 315

City

San Diego

State

CA

Zip Code

92101-6928

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Real Estate Developer

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

1000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		14		2014

Transaction ID : A-CF12067

Amount of Each Receipt this Period

1000

Full Name (Last, First, Middle Initial)

Mr. Ward Breaux

Mailing Address PO Box 888

City

Loreauville

State

LA

Zip Code

70552-0888

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Breaux Brothers Enterprises

Occupation

Owner

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

1000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		01		2014

Transaction ID : A-CF12245

Amount of Each Receipt this Period

250

SUBTOTAL of Receipts This Page (optional).....

2250.00

TOTAL This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 13 OF 160

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Fleming For Congress

Full Name (Last, First, Middle Initial)

Mr. Ralph O. Brennan

Mailing Address 600 Port Of New Orleans Place

Apt. 9F

City

New Orleans

State

LA

Zip Code

70130-1681

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ralph Brennan Restaurants

Occupation

Restaurant Owner

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		14		2014

Transaction ID : A-CF12061

Amount of Each Receipt this Period

1000

Full Name (Last, First, Middle Initial)

Mrs. Judith Burford

Mailing Address PO Box 145

City

Gloster

State

LA

Zip Code

71030-0145

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Farmer

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		02		2014

Transaction ID : A-CF11982

Amount of Each Receipt this Period

500

Full Name (Last, First, Middle Initial)

Mrs. Judith Burford

Mailing Address PO Box 145

City

Gloster

State

LA

Zip Code

71030-0145

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Farmer

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		13		2014

Transaction ID : A-CF12360

Amount of Each Receipt this Period

500

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 160

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

Full Name (Last, First, Middle Initial) <b>Mr. R. Valmore Byles</b>		Date of Receipt M M / D D / Y Y Y Y <b>06 / 16 / 2014</b>
Mailing Address <b>1751 Robby Street</b>		<b>Transaction ID : A-CF12511</b>
City <b>Many</b>	State <b>LA</b>	
Zip Code <b>71449-3361</b>		Amount of Each Receipt this Period <b>250</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>550</b>
Name of Employer <b>Retired</b>	Occupation <b>Contractor</b>	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>550</b>	

Full Name (Last, First, Middle Initial) <b>Mrs. Julie Byram</b>		Date of Receipt M M / D D / Y Y Y Y <b>04 / 21 / 2014</b>
Mailing Address <b>111 Buckhaven Trail</b>		<b>Transaction ID : A-CF12105</b>
City <b>Minden</b>	State <b>LA</b>	
Zip Code <b>71055-7579</b>		Amount of Each Receipt this Period <b>500</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>500</b>
Name of Employer <b>Self</b>	Occupation <b>Investor</b>	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>500</b>	

Full Name (Last, First, Middle Initial) <b>Dr. Fred V. Cabaniss</b>		Date of Receipt M M / D D / Y Y Y Y <b>05 / 07 / 2014</b>
Mailing Address <b>413 McDonald Street</b>		<b>Transaction ID : A-CF12327</b>
City <b>Minden</b>	State <b>LA</b>	
Zip Code <b>71055-3227</b>		Amount of Each Receipt this Period <b>500</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>1000</b>
Name of Employer <b>Self-Employed</b>	Occupation <b>Physician - Dentist</b>	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>1000</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1250.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Fleming For Congress**

Full Name (Last, First, Middle Initial)

**Mr. Don E. Cameron Jr.**

Mailing Address 10022 Ferry Creek Drive

City

Shreveport

State

LA

Zip Code

71106-8406

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Allegiance Health Management

Occupation

COO

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		15		2014

Transaction ID : A-CF12380

Amount of Each Receipt this Period

250

Full Name (Last, First, Middle Initial)

**Dr. Richard W. Campbell DDS**

Mailing Address 416 E And West Street

City

Minden

State

LA

Zip Code

71055-2618

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician - dentist

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		07		2014

Transaction ID : A-CF12325

Amount of Each Receipt this Period

500

Full Name (Last, First, Middle Initial)

**Mr. Gary Carlisle**

Mailing Address PO Box 178

City

Arcadia

State

LA

Zip Code

71001-0178

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self - Medimax Technologies

Occupation

CPA

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		22		2014

Transaction ID : A-CF12420

Amount of Each Receipt this Period

250

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

PAGE 16 OF 160

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mrs. Diane Carter**

Mailing Address **PO Box 1284**

City State Zip Code  
**Many LA 71449-1284**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt

**06 / 23 / 2014**

**Transaction ID : A-CF12536**

Amount of Each Receipt this Period

**250**

**B.** Full Name (Last, First, Middle Initial)  
**Kathryn C. Casbarian**

Mailing Address **813 Bienville Street**

City State Zip Code  
**New Orleans LA 70112-3121**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Amaud's Restaurant Co-proprietor

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt

**04 / 21 / 2014**

**Transaction ID : A-CF12108**

Amount of Each Receipt this Period

**500**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Tommy G. Chester**

Mailing Address **PO Box 140**

City State Zip Code  
**Arcadia LA 71001-0140**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
State Farm Insurance Insurance

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt

**05 / 15 / 2014**

**Transaction ID : A-CF12383**

Amount of Each Receipt this Period

**250**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**1000.00**



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Dr. Laney Chouest M.D.</b>			Date of Receipt M M / D D / Y Y Y Y 06 / 04 / 2014	
Mailing Address 600 Port Of New Orleans Place Apt. 8A			<b>Transaction ID : A-CF12462</b>	
City	State	Zip Code	Amount of Each Receipt this Period 2600	
New Orleans	LA	70130-1670		
FEC ID number of contributing federal political committee. C				
Name of Employer NOLA Motorsports Park		Occupation Professional driver		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2600		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Mrs. Susan Chrisman</b>			Date of Receipt M M / D D / Y Y Y Y 05 / 06 / 2014	
Mailing Address 2208 Summertree Court			<b>Transaction ID : A-CF12296</b>	
City	State	Zip Code	Amount of Each Receipt this Period 1000	
Bossier City	LA	71111-5452		
FEC ID number of contributing federal political committee. C				
Name of Employer Self		Occupation Owner - McDonalds		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Mr. Walter H. Claiborne III</b>			Date of Receipt M M / D D / Y Y Y Y 05 / 01 / 2014	
Mailing Address 2509 Pine Street			<b>Transaction ID : A-CF12244</b>	
City	State	Zip Code	Amount of Each Receipt this Period 200	
New Orleans	LA	70125-4048		
FEC ID number of contributing federal political committee. C				
Name of Employer Self		Occupation Real Estate		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 450		
<b>SUBTOTAL</b> of Receipts This Page (optional).....			3800.00	
<b>TOTAL</b> This Period (last page this line number only).....				

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**A. Full Name (Last, First, Middle Initial)  
**Mr. Joseph E. Clements Jr.**

Mailing Address PO Box 14477

City	State	Zip Code
Baton Rouge	LA	70898-4477

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Franchise Operator

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		21		2014

Transaction ID : A-CF12114

Amount of Each Receipt this Period

1000

B. Full Name (Last, First, Middle Initial)  
**Dr. W. Jack Corley**Mailing Address 220 Highland Drive  
Suite D

City	State	Zip Code
Many	LA	71449-3768

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sabine Medical CenterOccupation  
Physician/Chief of Staff

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		05		2014

Transaction ID : A-CF12289

Amount of Each Receipt this Period

250

C. Full Name (Last, First, Middle Initial)  
**Dr. Lawson G. Cox**

Mailing Address 5550 College Drive

City	State	Zip Code
Baton Rouge	LA	70806-7241

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		30		2014

Transaction ID : A-CF12212

Amount of Each Receipt this Period

50

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1300.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 19 OF 160

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Fleming For Congress**

Full Name (Last, First, Middle Initial)

**Dr. Lawson G. Cox**

Mailing Address 5550 College Drive

City

Baton Rouge

State

LA

Zip Code

70806-7241

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2014

Transaction ID : A-CF12576

Amount of Each Receipt this Period

50

Full Name (Last, First, Middle Initial)

**Mr. Douglas Culpepper**

Mailing Address 15897 Highway 80

City

Minden

State

LA

Zip Code

71055-6349

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Land Surveyor

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		09		2014

Transaction ID : A-CF12017

Amount of Each Receipt this Period

250

Full Name (Last, First, Middle Initial)

**Mr. Paul W. Culpepper**

Mailing Address 15897 Highway 80

City

Minden

State

LA

Zip Code

71055-6349

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Land Surveyor

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

600

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		09		2014

Transaction ID : A-CF12016

Amount of Each Receipt this Period

250

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

550.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Fleming For Congress

Full Name (Last, First, Middle Initial)

Mr. Todd Danos

Mailing Address PO Box 433

City

Mathews

State

LA

Zip Code

70375-0433

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JNB Operating, LLCOccupation  
Member

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		28		2014

Transaction ID : A-CF12430

Amount of Each Receipt this Period

2600

Full Name (Last, First, Middle Initial)

Mr. Lane Davidson

Mailing Address 3111 Blue Run Road

City

Minden

State

LA

Zip Code

71055-6134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/AOccupation  
Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		01		2014

Transaction ID : A-CF12247

Amount of Each Receipt this Period

250

Full Name (Last, First, Middle Initial)

Frances B. Davis

Mailing Address 4700 Wilton Place

City

Alexandria

State

LA

Zip Code

71303-3771

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/AOccupation  
Homemaker

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Transaction ID : A-CF12222

Amount of Each Receipt this Period

200

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3050.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Edward L. Diefenthal**

Mailing Address 131 Airline Drive  
Suite 202

City State Zip Code  
Metairie LA 70001-6265

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Woodvine Group, LLC President/CEO

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
2600

Date of Receipt

M M	D D	Y Y Y Y
06	04	2014

**Transaction ID : A-CF12464**

Amount of Each Receipt this Period

2600

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Howard E. Doughty**

Mailing Address 115 4th Street

City State Zip Code  
Minden LA 71055-3439

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Social Security Administration Claims Representative

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
500

Date of Receipt

M M	D D	Y Y Y Y
04	17	2014

**Transaction ID : A-CF12099**

Amount of Each Receipt this Period

500

**C.** Full Name (Last, First, Middle Initial)  
**Mr. David Doyle**

Mailing Address 667 Digger Franks Road

City State Zip Code  
Merryville LA 70653-3820

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
David Doyle Enterprises Owner

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
400

Date of Receipt

M M	D D	Y Y Y Y
04	07	2014

**Transaction ID : A-CF11999**

Amount of Each Receipt this Period

100

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

3200.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

Full Name (Last, First, Middle Initial)

**Mr. David Doyle**

Mailing Address 667 Digger Franks Road

City

Merryville

State

LA

Zip Code

70653-3820

FEC ID number of contributing  
federal political committee.

C

Name of Employer

David Doyle Enterprises

Occupation

Owner

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		13		2014

Transaction ID : A-CF12356

Amount of Each Receipt this Period

100

Full Name (Last, First, Middle Initial)

**Ms. Lennis S. Elston**

Mailing Address 14007 Ellerbe Road

City

Shreveport

State

LA

Zip Code

71115-9311

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self (Retired)

Occupation

CPA (Retired)

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

210

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		23		2014

Transaction ID : A-CF12534

Amount of Each Receipt this Period

135

Full Name (Last, First, Middle Initial)

**Mr. Alan I. Franco**

Mailing Address 524 Metairie Road

City

Metairie

State

LA

Zip Code

70005-4308

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Magnolia Marketing, LLC

Occupation

Partner

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		09		2014

Transaction ID : A-CF12484

Amount of Each Receipt this Period

1000

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1235.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Terry L. Gardner**  
Mailing Address 209 Woodhaven Drive

City State Zip Code  
Minden LA 71055-5862

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TG Companies LLC

Occupation  
Green Industry Owner

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600

Date of Receipt

M M / D D / Y Y Y Y  
04 02 2014

Transaction ID : A-CF11978

Amount of Each Receipt this Period

2600

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Daniel W. Gibson**  
Mailing Address 113 Woodhaven Drive

City State Zip Code  
Minden LA 71055-5899

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Richland State Bank

Occupation  
Banker

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M / D D / Y Y Y Y  
04 07 2014

Transaction ID : A-CF12003

Amount of Each Receipt this Period

500

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Mark Gilliam**  
Mailing Address PO Box 1707

City State Zip Code  
Shreveport LA 71166-1707

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wilkinson, Carmody, & Gilliam

Occupation  
Attorney

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300

Date of Receipt

M M / D D / Y Y Y Y  
06 25 2014

Transaction ID : A-CF12583

Amount of Each Receipt this Period

300

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3400.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Fleming For Congress

Full Name (Last, First, Middle Initial)

Mrs. Knox M. Goodman

Mailing Address 4400 Glen Iris Boulevard

City

Shreveport

State

LA

Zip Code

71106-1408

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Knox Goodman's Boutique

Occupation

Owner

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

650

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		07		2014

Transaction ID : A-CF12000

Amount of Each Receipt this Period

150

Full Name (Last, First, Middle Initial)

Mr. Milton G. Graugnard

Mailing Address 2929 Svendson Drive

City

Baton Rouge

State

LA

Zip Code

70809-1551

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cajun Industries

Occupation

Executive

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		14		2014

Transaction ID : A-CF12051

Amount of Each Receipt this Period

1000

Full Name (Last, First, Middle Initial)

Mr. Todd B. Graves

Mailing Address 4273 Harvard Avenue

City

Baton Rouge

State

LA

Zip Code

70808-4623

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Raising Cane's Franchise

Occupation

Owner

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		06		2014

Transaction ID : A-CF12475

Amount of Each Receipt this Period

2600

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3750.00



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

Full Name (Last, First, Middle Initial)

**Mr. Michael T. Gray**

Mailing Address PO Box 6202

City

Metairie

State

LA

Zip Code

70009-6202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Gray Insurance

Occupation

Insurance

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600

Date of Receipt

M M / D D / Y Y Y Y  
04 / 03 / 2014

Transaction ID : A-CF11988

Amount of Each Receipt this Period

1600

Full Name (Last, First, Middle Initial)

**Mrs. Harryette W. Hand**

Mailing Address 2506 Benton Road

City

Bossier City

State

LA

Zip Code

71111-2306

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Homemaker

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400

Date of Receipt

M M / D D / Y Y Y Y  
04 / 28 / 2014

Transaction ID : A-CF12153

Amount of Each Receipt this Period

200

Full Name (Last, First, Middle Initial)

**Mrs. Lisa A. Hargrove**

Mailing Address 514 Cumberland Drive

City

Shreveport

State

LA

Zip Code

71106-5920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Coldwell Banker

Occupation

Real Estate Agent

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000

Date of Receipt

M M / D D / Y Y Y Y  
06 / 05 / 2014

Transaction ID : A-CF12465

Amount of Each Receipt this Period

1000

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2800.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Mr. J. Stanley Harris</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 21 / 2014	
Mailing Address 2700 N Arnoult Road		<b>Transaction ID : A-CF12107</b>	
City Metairie	State LA	Zip Code 70002-5916	Amount of Each Receipt this Period 500
FEC ID number of contributing federal political committee. C			
Name of Employer Louisiana Restaurant Associa	Occupation Association Executive		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Mr. O. Delton Harrison Jr.</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 30 / 2014	
Mailing Address 6007 E Ridge Drive		<b>Transaction ID : A-CF12442</b>	
City Shreveport	State LA	Zip Code 71106-2425	Amount of Each Receipt this Period 100
FEC ID number of contributing federal political committee. C			
Name of Employer Harrison Investments	Occupation Real Estate		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Mr. Gary W. Haynes</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 09 / 2014	
Mailing Address 1037 Ridgewood Circle		<b>Transaction ID : A-CF12015</b>	
City Minden	State LA	Zip Code 71055-3001	Amount of Each Receipt this Period 500
FEC ID number of contributing federal political committee. C			
Name of Employer Walkmar Resources, Inc.	Occupation President & CEO		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		1100.00	
<b>TOTAL</b> This Period (last page this line number only).....			

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. John H. Haynes Jr.**  
Mailing Address 1003 S Spruce Street

City State Zip Code  
Vivian LA 71082-3200

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Caddo Medical Center

Occupation  
Physician

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600

Date of Receipt

M M / D D / Y Y Y Y  
04 02 2014

Transaction ID : A-CF11979

Amount of Each Receipt this Period

2600

**B.** Full Name (Last, First, Middle Initial)  
**Mrs. Sarah M. Haynes**  
Mailing Address 1037 Ridgewood Circle

City State Zip Code  
Minden LA 71055-3001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Minden Medical Center

Occupation  
Marketing

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M / D D / Y Y Y Y  
05 06 2014

Transaction ID : A-CF12306

Amount of Each Receipt this Period

250

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Robert S. Hendrick Jr.**  
Mailing Address 3366 Deborah Drive

City State Zip Code  
Monroe LA 71201-2151

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Parish Anesthesia

Occupation  
Physician - Anesthesiologist

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

350

Date of Receipt

M M / D D / Y Y Y Y  
06 24 2014

Transaction ID : A-CF12553

Amount of Each Receipt this Period

100

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2950.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

Full Name (Last, First, Middle Initial) <b>Mr. W. James Hill III</b>		Date of Receipt M M / D D / Y Y Y Y <b>04 / 16 / 2014</b>
Mailing Address <b>PO Box 1916</b>		<b>Transaction ID : A-CF12083</b>
City <b>Shreveport</b>	State <b>LA</b>	
Zip Code <b>71166-1916</b>		Amount of Each Receipt this Period <b>100</b>
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : A-CF12084</b>
Name of Employer <b>Smitherman,Lunn,Chastain&amp;Hill</b>	Occupation <b>Attorney</b>	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>5100</b>	

Full Name (Last, First, Middle Initial) <b>Mr. W. James Hill III</b>		Date of Receipt M M / D D / Y Y Y Y <b>04 / 16 / 2014</b>
Mailing Address <b>PO Box 1916</b>		<b>Transaction ID : A-CF12084</b>
City <b>Shreveport</b>	State <b>LA</b>	
Zip Code <b>71166-1916</b>		Amount of Each Receipt this Period <b>2500</b>
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : A-CF12375</b>
Name of Employer <b>Smitherman,Lunn,Chastain&amp;Hill</b>	Occupation <b>Attorney</b>	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>5100</b>	

Full Name (Last, First, Middle Initial) <b>Dr. David L. Hilton</b>		Date of Receipt M M / D D / Y Y Y Y <b>05 / 15 / 2014</b>
Mailing Address <b>183 Waters Edge Drive</b>		<b>Transaction ID : A-CF12375</b>
City <b>Shreveport</b>	State <b>LA</b>	
Zip Code <b>71106-7775</b>		Amount of Each Receipt this Period <b>650</b>
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : A-CF12375</b>
Name of Employer <b>Self</b>	Occupation <b>Physician/ENT</b>	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>2400</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>3250.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Fleming For Congress

Full Name (Last, First, Middle Initial)

Mr. F. Bruce Hock

Mailing Address 1528 Highway 531

City

Minden

State

LA

Zip Code

71055-6528

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Investor

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		23		2014

Transaction ID : A-CF12118

Amount of Each Receipt this Period

250

Full Name (Last, First, Middle Initial)

Mr. Andrew J. Hodges III

Mailing Address PO Box 1817

City

Shreveport

State

LA

Zip Code

71166-1817

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Oil &amp; Gas

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

350

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2014

Transaction ID : A-CF12290

Amount of Each Receipt this Period

250

Full Name (Last, First, Middle Initial)

Mr. M. Gerald Holland

Mailing Address 510 9th Street NE

City

Springhill

State

LA

Zip Code

71075-2908

FEC ID number of contributing  
federal political committee.

C

Name of Employer

n/a

Occupation

Retired Banker

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2014

Transaction ID : A-CF12236

Amount of Each Receipt this Period

100

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

600.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Fleming For Congress**

Full Name (Last, First, Middle Initial)

**Mr. Dale Hollingsworth**

Mailing Address 1281 Highway 159

City

Minden

State

LA

Zip Code

71055-5709

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hollingsworth Construction

Occupation

Owner

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		23		2014

Transaction ID : A-CF12119

Amount of Each Receipt this Period

500

Full Name (Last, First, Middle Initial)

**Mrs. Frances F. Hopkins**

Mailing Address PO Box 1

City

Many

State

LA

Zip Code

71449-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sabine Medical Center

Occupation

CFO

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		18		2014

Transaction ID : A-CF12526

Amount of Each Receipt this Period

250

Full Name (Last, First, Middle Initial)

**Mr. Charles A. Horn**

Mailing Address 558 Hunters Run

City

Bossier City

State

LA

Zip Code

71111-8170

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dixie Paper Co., Inc.

Occupation

Owner

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		28		2014

Transaction ID : A-CF12154

Amount of Each Receipt this Period

250

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Patson C. Houston**

Mailing Address 3820 Fairfield Avenue  
Unit 117

City Shreveport State LA Zip Code 71104-4745

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date 250

Date of Receipt

M M / D D / Y Y Y Y  
04 29 2014

Transaction ID : A-CF12177

Amount of Each Receipt this Period

100

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Patson C. Houston**

Mailing Address 3820 Fairfield Avenue  
Unit 117

City Shreveport State LA Zip Code 71104-4745

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date 250

Date of Receipt

M M / D D / Y Y Y Y  
06 17 2014

Transaction ID : A-CF12522

Amount of Each Receipt this Period

100

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Don E. Hunter**

Mailing Address 412 Pine Street

City Minden State LA Zip Code 71055-3120

FEC ID number of contributing federal political committee. **C**

Name of Employer Coca-Cola Bottling Company Occupation Owner

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date 500

Date of Receipt

M M / D D / Y Y Y Y  
04 10 2014

Transaction ID : A-CF12030

Amount of Each Receipt this Period

500

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

700.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Fleming For Congress

Full Name (Last, First, Middle Initial)

Mr. David S. Huval Sr.

Mailing Address 511 Robert Lee Circle

City

Lafayette

State

LA

Zip Code

70506-3136

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Huval &amp; Associates

Occupation

Engineer

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1950

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		07		2014

Transaction ID : A-CF12322

Amount of Each Receipt this Period

500

Full Name (Last, First, Middle Initial)

Mr. David S. Huval Sr.

Mailing Address 511 Robert Lee Circle

City

Lafayette

State

LA

Zip Code

70506-3136

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Huval &amp; Associates

Occupation

Engineer

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1950

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2014

Transaction ID : A-CF12581

Amount of Each Receipt this Period

250

Full Name (Last, First, Middle Initial)

Ms. Martha E. Jackson

Mailing Address 1506 Old River Circle

City

Shreveport

State

LA

Zip Code

71105-5310

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

550

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		08		2014

Transaction ID : A-CF12007

Amount of Each Receipt this Period

100

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

850.00



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ms. Martha E. Jackson**  
Mailing Address 1506 Old River Circle

City State Zip Code  
Shreveport LA 71105-5310

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

550

Date of Receipt

M M / D D / Y Y Y Y  
04 30 2014

Transaction ID : A-CF12223

Amount of Each Receipt this Period

200

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Kenneth J. Jacob**  
Mailing Address 2883 E Lakeshore Drive

City State Zip Code  
Baton Rouge LA 70808-2181

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cajun Constructors, Inc.

Occupation  
President

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600

Date of Receipt

M M / D D / Y Y Y Y  
06 12 2014

Transaction ID : A-CF12508

Amount of Each Receipt this Period

2600

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Alfred D. Johnson Jr.**  
Mailing Address 1046 Gabriels Turn

City State Zip Code  
Shreveport LA 71106-7790

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Heard, McElroy & Vestal, LLP

Occupation  
CPA

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5000

Date of Receipt

M M / D D / Y Y Y Y  
04 15 2014

Transaction ID : A-CF12074

Amount of Each Receipt this Period

625

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3425.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

A. Full Name (Last, First, Middle Initial)  
**Mr. Alfred D. Johnson Jr.**  
Mailing Address 1046 Gabriels Turn

City State Zip Code  
Shreveport LA 71106-7790

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Heard, McElroy & Vestal, LLP

Occupation  
CPA

Receipt For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
5000

Date of Receipt

M M / D D / Y Y Y Y  
06 17 2014

Transaction ID : A-CF12521

Amount of Each Receipt this Period

625

B. Full Name (Last, First, Middle Initial)  
**Mr. Ben Johnson III**  
Mailing Address PO Box 632

City State Zip Code  
Mansfield LA 71052-0632

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Oil & Gas

Receipt For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
5200

Date of Receipt

M M / D D / Y Y Y Y  
04 22 2014

Transaction ID : A-CF12116

Amount of Each Receipt this Period

1200

C. Full Name (Last, First, Middle Initial)  
**Kathy Johnson**  
Mailing Address PO Box 632

City State Zip Code  
Mansfield LA 71052-0632

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Homemaker

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
300

Date of Receipt

M M / D D / Y Y Y Y  
04 22 2014

Transaction ID : A-CF12117

Amount of Each Receipt this Period

300

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2125.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

A. Full Name (Last, First, Middle Initial)  
**Mr. Gregory L. Jones**

Mailing Address 1252 Highway 159

City State Zip Code  
Minden LA 71055-5708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Pharmacist

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M / D D / Y Y Y Y  
04 21 2014

Transaction ID : A-CF12106

Amount of Each Receipt this Period

250

B. Full Name (Last, First, Middle Initial)  
**Basel Kasabali**

Mailing Address 5081 Westrilee Drive

City State Zip Code  
Benton LA 71006-4351

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardiovascular Consultants

Occupation  
Physician

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M / D D / Y Y Y Y  
06 30 2014

Transaction ID : A-CF12686

Amount of Each Receipt this Period

500

C. Full Name (Last, First, Middle Initial)  
**Mrs. Cindy Kemmerly**

Mailing Address 215 Fernwood Lane

City State Zip Code  
Minden LA 71055-7533

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Homemaker

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1300

Date of Receipt

M M / D D / Y Y Y Y  
04 09 2014

Transaction ID : A-CF12018

Amount of Each Receipt this Period

1300

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2050.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Fleming For Congress

Full Name (Last, First, Middle Initial)

A. Mr. Paul E. Kitchens

Mailing Address PO Box 740

City

Minden

State

LA

Zip Code

71058-0740

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Attorney

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		29		2014

Transaction ID : A-CF12166

Amount of Each Receipt this Period

500

Full Name (Last, First, Middle Initial)

B. Mr. Edward A. Koechle

Mailing Address 5411 Concord Street

City

Bossier City

State

LA

Zip Code

71111-5505

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

470

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		13		2014

Transaction ID : A-CF12357

Amount of Each Receipt this Period

80

Full Name (Last, First, Middle Initial)

C. Mr. Richard K. Kornfeld

Mailing Address 9460 La Jolla Farms Road

City

La Jolla

State

CA

Zip Code

92037-1127

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Grid 2 Home Inc

Occupation

CEO

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		14		2014

Transaction ID : A-CF12063

Amount of Each Receipt this Period

1000

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1580.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Arthur Kreitenberg**

Mailing Address 12012 Silver Fox Road

City State Zip Code  
Los Alamitos CA 90720-4453

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Physician

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt

M M / D D / Y Y Y Y  
04 11 2014

Transaction ID : A-CF12039

Amount of Each Receipt this Period

1000

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Thomas E. Lavin**

Mailing Address 117 Riverdale Drive

City State Zip Code  
Covington LA 70433-4512

FEC ID number of contributing federal political committee. **C**

Name of Employer The Surgical Specialists Occupation Physician

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
1166.67

Date of Receipt

M M / D D / Y Y Y Y  
05 01 2014

Transaction ID : A-CF12246

Amount of Each Receipt this Period

1000

**C.** Full Name (Last, First, Middle Initial)  
**Dr. James A. Lee**

Mailing Address 1240 Remington Circle

City State Zip Code  
Shreveport LA 71106-8297

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Physician

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
500

Date of Receipt

M M / D D / Y Y Y Y  
04 14 2014

Transaction ID : A-CF12070

Amount of Each Receipt this Period

500

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2500.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Fleming For Congress

Full Name (Last, First, Middle Initial)

A. Mr. Kirk M. Lemoine

Mailing Address 1038 Fawn Hollow

City

Bossier City

State

LA

Zip Code

71111-2174

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bienville Medical Center

Occupation

CEO

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		15		2014

Transaction ID : A-CF12378

Amount of Each Receipt this Period

250

Full Name (Last, First, Middle Initial)

B. Mr. O. Bryant Lewis

Mailing Address 3595 Park Drive

City

Haynesville

State

LA

Zip Code

71038-6227

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Timber Dealer

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

3500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : A-CF12645

Amount of Each Receipt this Period

500

Full Name (Last, First, Middle Initial)

C. Mr. Andy V. Loftus III

Mailing Address 1116 Highway 169

City

Keatchie

State

LA

Zip Code

71046-2600

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Farmer

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		28		2014

Transaction ID : A-CF12164

Amount of Each Receipt this Period

250

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**A. Full Name (Last, First, Middle Initial)  
**Captain Michael R. Lorino Jr.**Mailing Address 3813 N Causeway Boulevard  
# 100

City	State	Zip Code
Metairie	LA	70002-1724

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Associated Branch PilotsOccupation  
Marine pilot

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		25		2014

Transaction ID : A-CF12587

Amount of Each Receipt this Period

2600

B. Full Name (Last, First, Middle Initial)  
**Mr. John Manno Jr.**

Mailing Address 101 Woodvale Creek Cir.

City	State	Zip Code
Bossier City	LA	71111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southland PrintingOccupation  
Owner

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		06		2014

Transaction ID : A-CF12474

Amount of Each Receipt this Period

2600

C. Full Name (Last, First, Middle Initial)  
**Mr. Richard Matros**

Mailing Address 14 Scenic Bluff

City	State	Zip Code
Newport Coast	CA	92657-2103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sabra Health Card REITOccupation  
CEO/Owner

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		14		2014

Transaction ID : A-CF12064

Amount of Each Receipt this Period

1000

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

6200.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

Full Name (Last, First, Middle Initial) <b>Mr. Edward J. McGowan</b>		Date of Receipt M M / D D / Y Y Y Y <b>04 / 28 / 2014</b>
Mailing Address <b>PO Box 271</b>		<b>Transaction ID : A-CF12155</b>
City <b>Belcher</b>	State <b>LA</b>	
Zip Code <b>71004-0271</b>		Amount of Each Receipt this Period <div>500</div>
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>Dixie Weld Fab, Inc.</b>	Occupation <b>Business Owner</b>	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div>2300</div>	

Full Name (Last, First, Middle Initial) <b>Mr. Edward J. McGowan</b>		Date of Receipt M M / D D / Y Y Y Y <b>06 / 27 / 2014</b>
Mailing Address <b>PO Box 271</b>		<b>Transaction ID : A-CF12622</b>
City <b>Belcher</b>	State <b>LA</b>	
Zip Code <b>71004-0271</b>		Amount of Each Receipt this Period <div>1000</div>
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>Dixie Weld Fab, Inc.</b>	Occupation <b>Business Owner</b>	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div>2300</div>	

Full Name (Last, First, Middle Initial) <b>Mr. R. Tim McKenzie</b>		Date of Receipt M M / D D / Y Y Y Y <b>04 / 30 / 2014</b>
Mailing Address <b>502 Garrison Trail</b>		<b>Transaction ID : A-CF12200</b>
City <b>Minden</b>	State <b>LA</b>	
Zip Code <b>71055-9066</b>		Amount of Each Receipt this Period <div>500</div>
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>Bearing Service &amp; Supply</b>	Occupation <b>Vice President</b>	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div>500</div>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<div>2000.00</div>
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Fleming For Congress**

Full Name (Last, First, Middle Initial)

**Mr. Robert L. McKillips Jr.**

Mailing Address 1005 Ridgewood Circle

City

Minden

State

LA

Zip Code

71055-3001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		08		2014

**Transaction ID : A-CF12008**

Amount of Each Receipt this Period

500

Full Name (Last, First, Middle Initial)

**Mr. Richard T. Merk**

Mailing Address 9631 Norris Ferry Road

City

Shreveport

State

LA

Zip Code

71106-7719

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Allegiance Health Management

Occupation

Executive VP

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		15		2014

**Transaction ID : A-CF12377**

Amount of Each Receipt this Period

250

Full Name (Last, First, Middle Initial)

**Mr. John Michael Merritt**

Mailing Address 139 E Colbert Drive

City

Minden

State

LA

Zip Code

71055-6567

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Timberland Services, Inc.

Occupation

Forester

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		02		2014

**Transaction ID : A-CF12264**

Amount of Each Receipt this Period

1000

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1750.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Fleming For Congress**

Full Name (Last, First, Middle Initial)

**Mr. John Michael Merritt**

Mailing Address 139 E Colbert Drive

City

Minden

State

LA

Zip Code

71055-6567

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Timberland Services, Inc.

Occupation

Forester

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2014

**Transaction ID : A-CF12535**

Amount of Each Receipt this Period

1600

Full Name (Last, First, Middle Initial)

**Mr. Donald R. Miley**

Mailing Address 1051 Regile Lane

City

Ville Platte

State

LA

Zip Code

70586-8355

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

210

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2014

**Transaction ID : A-CF12211**

Amount of Each Receipt this Period

35

Full Name (Last, First, Middle Initial)

**Mr. Donald R. Miley**

Mailing Address 1051 Regile Lane

City

Ville Platte

State

LA

Zip Code

70586-8355

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

210

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2014

**Transaction ID : A-CF12573**

Amount of Each Receipt this Period

35

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1670.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Fleming For Congress

Full Name (Last, First, Middle Initial)

Mrs. Deanna Mitchell

Mailing Address 79 Victorias Drive

City

Bossier City

State

LA

Zip Code

71111-5555

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information RequestedOccupation  
Information Requested

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1100

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : A-CF12661

Amount of Each Receipt this Period

1000

Full Name (Last, First, Middle Initial)

Mr. Patrick E. Mockler

Mailing Address 2913 Three Oaks Avenue

City

Baton Rouge

State

LA

Zip Code

70820-5428

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mockler Beverage Co.Occupation  
President

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		14		2014

Transaction ID : A-CF12069

Amount of Each Receipt this Period

500

Full Name (Last, First, Middle Initial)

Mr. McLuther L. Monzingo

Mailing Address 3309 Reily Lane

City

Shreveport

State

LA

Zip Code

71105-2213

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Business Owner

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

600

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		29		2014

Transaction ID : A-CF12180

Amount of Each Receipt this Period

200

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1700.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Fleming For Congress

Full Name (Last, First, Middle Initial)

A. Mr. McLuther L. Monzingo

Mailing Address 3309 Reily Lane

City

Shreveport

State

LA

Zip Code

71105-2213

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Business Owner

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

600

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		25		2014

Transaction ID : A-CF12580

Amount of Each Receipt this Period

200

Full Name (Last, First, Middle Initial)

B. Mr. Jeff Morrow

Mailing Address 374 Horseshoe Drive

City

Many

State

LA

Zip Code

71449-7146

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Deer Creek HospitalOccupation  
CEO

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : A-CF12684

Amount of Each Receipt this Period

250

Full Name (Last, First, Middle Initial)

C. Dr. David S. Muldowny

Mailing Address 104 Parkway Drive

City

Lafayette

State

LA

Zip Code

70508-7310

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Surgical Specialty HospitalOccupation  
Physician

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3600

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		14		2014

Transaction ID : A-CF12052

Amount of Each Receipt this Period

1600

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2050.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**A. Full Name (Last, First, Middle Initial)  
**Dr. David S. Muldowny**

Mailing Address 104 Parkway Drive

City	State	Zip Code
Lafayette	LA	70508-7310

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Surgical Specialty HospitalOccupation  
Physician

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

3600

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		14		2014

Transaction ID : A-CF12053

Amount of Each Receipt this Period

1000

B. Full Name (Last, First, Middle Initial)  
**Mr. Ken Murphy**

Mailing Address PO Box 293

City	State	Zip Code
Arcadia	LA	71001-0293

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Murphy Brothers TruckingOccupation  
Vice President

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		12		2014

Transaction ID : A-CF12345

Amount of Each Receipt this Period

500

C. Full Name (Last, First, Middle Initial)  
**Mr. Randall Murphy**

Mailing Address PO Box 293

City	State	Zip Code
Arcadia	LA	71001-0293

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Murphy Brothers TruckingOccupation  
President

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		12		2014

Transaction ID : A-CF12346

Amount of Each Receipt this Period

500

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Fleming For Congress

Full Name (Last, First, Middle Initial)

Dr. Linda A. Nall

Mailing Address 8609 Grover Place

City

Shreveport

State

LA

Zip Code

71115-2709

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LSU Health Science Center

Occupation

Physician

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		06		2014

Transaction ID : A-CF12305

Amount of Each Receipt this Period

100

Full Name (Last, First, Middle Initial)

Mr. George D. Nelson Jr.

Mailing Address PO Box 5

City

Shreveport

State

LA

Zip Code

71161-0005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Querbes &amp; Nelson

Occupation

Insurance

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

4375

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		02		2014

Transaction ID : A-CF11976

Amount of Each Receipt this Period

625

Full Name (Last, First, Middle Initial)

Mr. George D. Nelson Jr.

Mailing Address PO Box 5

City

Shreveport

State

LA

Zip Code

71161-0005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Querbes &amp; Nelson

Occupation

Insurance

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

4375

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		04		2014

Transaction ID : A-CF12459

Amount of Each Receipt this Period

625

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1350.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 47 OF 160

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Fleming For Congress

Full Name (Last, First, Middle Initial)

Mrs. Sherrie C. Nelson

Mailing Address 7740 S Lakeshore Drive

City

Shreveport

State

LA

Zip Code

71119-2202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Homemaker

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		28		2014

Transaction ID : A-CF12156

Amount of Each Receipt this Period

500

Full Name (Last, First, Middle Initial)

Mr. Grover W. Netherton

Mailing Address 6602 N Club Drive

City

Shreveport

State

LA

Zip Code

71107-9640

FEC ID number of contributing  
federal political committee.

C

Name of Employer

F.J. Burnell, Inc.

Occupation

President

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		11		2014

Transaction ID : A-CF12037

Amount of Each Receipt this Period

2600

Full Name (Last, First, Middle Initial)

Mrs. Pamela A. Nichols

Mailing Address 400 Braemar Road

City

Shreveport

State

LA

Zip Code

71106-8534

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Eagle Distributor

Occupation

Beverage Distributor

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5100

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		09		2014

Transaction ID : A-CF12019

Amount of Each Receipt this Period

100

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3200.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Fleming For Congress

Full Name (Last, First, Middle Initial)

Mrs. Pamela A. Nichols

Mailing Address 400 Braemar Road

City

Shreveport

State

LA

Zip Code

71106-8534

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Eagle Distributor

Occupation

Beverage Distributor

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

5100

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		09		2014

Transaction ID : A-CF12020

Amount of Each Receipt this Period

2500

Full Name (Last, First, Middle Initial)

Dr. Joseph R Nida

Mailing Address 196 Deer Creek Lane

City

Minden

State

LA

Zip Code

71055-8807

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For: 2014

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		14		2014

Transaction ID : A-CF12054

Amount of Each Receipt this Period

500

Full Name (Last, First, Middle Initial)

Ms. Bobbie Ronnell Nolan

Mailing Address 364 Steele Boulevard

City

Baton Rouge

State

LA

Zip Code

70806-5131

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Nolan Group Healthcare

Occupation

Insurance Lobbyist

Receipt For: 2014

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		29		2014

Transaction ID : A-CF12165

Amount of Each Receipt this Period

250

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3250.00



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Thomas M. O'Neal**

Mailing Address **PO Box 536**

City **Choudrant** State **LA** Zip Code **71227-0536**

FEC ID number of contributing federal political committee. **C**

Name of Employer **O'Neal Gas** Occupation **President**

Receipt For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date **5200**

Date of Receipt

M M / D D / Y Y Y Y  
**04 / 03 / 2014**

Transaction ID : **A-CF11987**

Amount of Each Receipt this Period

**2600**

**B.** Full Name (Last, First, Middle Initial)  
**Mrs. Evalyn Ormond**

Mailing Address **160 Water Tower Road**

City **Sterlington** State **LA** Zip Code **71280-2986**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Union General Hospital** Occupation **CEO**

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date **500**

Date of Receipt

M M / D D / Y Y Y Y  
**04 / 16 / 2014**

Transaction ID : **A-CF12085**

Amount of Each Receipt this Period

**500**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. James C. Pazzaglia**

Mailing Address **2102 Landau Lane**

City **Bossier City** State **LA** Zip Code **71111-5531**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Self** Occupation **Accountant**

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date **300**

Date of Receipt

M M / D D / Y Y Y Y  
**04 / 21 / 2014**

Transaction ID : **A-CF12113**

Amount of Each Receipt this Period

**100**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**3200.00**

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 50 OF 160

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Fleming For Congress

Full Name (Last, First, Middle Initial)

Mrs. Jodi C. Penn

Mailing Address 949 Delaware Street

City

Shreveport

State

LA

Zip Code

71106-1503

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Heard, McElroy &amp; Vestal CPA

Occupation

Business Development Director

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

5200

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		26		2014

Transaction ID : A-CF12600

Amount of Each Receipt this Period

2600

Full Name (Last, First, Middle Initial)

Mr. Walter T. Pipes

Mailing Address PO Box 38210

City

Shreveport

State

LA

Zip Code

71133-8210

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pipes Company, Inc

Occupation

Owner

Receipt For: 2014

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

350

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		02		2014

Transaction ID : A-CF12448

Amount of Each Receipt this Period

200

Full Name (Last, First, Middle Initial)

Mr. Scott W. Prouty

Mailing Address 340 Hunters Hollow

City

Bossier City

State

LA

Zip Code

71111-2367

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bienville Medical Center

Occupation

COO

Receipt For: 2014

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		15		2014

Transaction ID : A-CF12382

Amount of Each Receipt this Period

250

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3050.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

Full Name (Last, First, Middle Initial)

**Mr. Homer Purtle**

Mailing Address 411 E And West Street

City

Minden

State

LA

Zip Code

71055-2653

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Engineer

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M / D D / Y Y Y Y  
05 / 07 / 2014

Transaction ID : A-CF12326

Amount of Each Receipt this Period

500

Full Name (Last, First, Middle Initial)

**Mr. Steven B. Risher**

Mailing Address 417 Kingston Plantation Boulevard

City

Benton

State

LA

Zip Code

71006-3404

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Global Insurance Group

Occupation

CEO

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M / D D / Y Y Y Y  
05 / 15 / 2014

Transaction ID : A-CF12379

Amount of Each Receipt this Period

250

Full Name (Last, First, Middle Initial)

**Mayor Preston Rogers**

Mailing Address PO Box 153

240 John Kelly Road

City

Junction City

State

AR

Zip Code

71749-0153

FEC ID number of contributing  
federal political committee.

C

Name of Employer

City of Junction City

Occupation

Mayor

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400

Date of Receipt

M M / D D / Y Y Y Y  
05 / 05 / 2014

Transaction ID : A-CF12287

Amount of Each Receipt this Period

200

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

950.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Fleming For Congress

Full Name (Last, First, Middle Initial)

Mr. Johanna Rose

Mailing Address 1718 Tradewinds Lane

City

Newport Beach

State

CA

Zip Code

92660-4312

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Development Consultant

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		14		2014

Transaction ID : A-CF12065

Amount of Each Receipt this Period

1000

Full Name (Last, First, Middle Initial)

Dr. Christopher J. Saal

Mailing Address 208 Comanche Drive

City

Houma

State

LA

Zip Code

70360-6294

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Oral Facial Surgery Ctr

Occupation

Physician

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		14		2014

Transaction ID : A-CF12365

Amount of Each Receipt this Period

100

Full Name (Last, First, Middle Initial)

Mr. E. Harold Saer Jr.

Mailing Address 100 Christwood Boulevard  
Apt. 246

City

Covington

State

LA

Zip Code

70433-4604

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

600

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Transaction ID : A-CF12224

Amount of Each Receipt this Period

200

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1300.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Mr. William Sample</b>			<b>Date of Receipt</b> <div> <div>M M / D D / Y Y Y Y</div> <div>06 / 10 / 2014</div> </div>	
<b>Mailing Address</b> 265 Captain Hm Shreve Boulevard			<b>Transaction ID : A-CF12489</b>	
<b>City</b> Shreveport	<b>State</b> LA	<b>Zip Code</b> 71115-2987	<b>Amount of Each Receipt this Period</b> <div> <div></div> <div>2600</div> </div>	
<b>FEC ID number of contributing federal political committee.</b> C				
<b>Name of Employer</b> Self		<b>Occupation</b> Farmer		
<b>Receipt For: 2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>Election Cycle-to-Date</b> <div> <div></div> <div>2600</div> </div>		
<b>B. Full Name (Last, First, Middle Initial)</b> <b>Mr. Mike H. Sanders</b>			<b>Date of Receipt</b> <div> <div>M M / D D / Y Y Y Y</div> <div>04 / 01 / 2014</div> </div>	
<b>Mailing Address</b> 471 Cotton Lane			<b>Transaction ID : A-CF11975</b>	
<b>City</b> Minden	<b>State</b> LA	<b>Zip Code</b> 71055-8097	<b>Amount of Each Receipt this Period</b> <div> <div></div> <div>2600</div> </div>	
<b>FEC ID number of contributing federal political committee.</b> C				
<b>Name of Employer</b> Here and Yonder Farms		<b>Occupation</b> Owner/Farmer		
<b>Receipt For: 2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>Election Cycle-to-Date</b> <div> <div></div> <div>2600</div> </div>		
<b>C. Full Name (Last, First, Middle Initial)</b> <b>Dr. John P. Sandifer</b>			<b>Date of Receipt</b> <div> <div>M M / D D / Y Y Y Y</div> <div>06 / 30 / 2014</div> </div>	
<b>Mailing Address</b> 213 South Drive			<b>Transaction ID : A-CF12665</b>	
<b>City</b> Natchitoches	<b>State</b> LA	<b>Zip Code</b> 71457-5003	<b>Amount of Each Receipt this Period</b> <div> <div></div> <div>250</div> </div>	
<b>FEC ID number of contributing federal political committee.</b> C				
<b>Name of Employer</b> Self		<b>Occupation</b> Physician		
<b>Receipt For: 2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>Election Cycle-to-Date</b> <div> <div></div> <div>250</div> </div>		
<b>SUBTOTAL of Receipts This Page (optional).....</b>			<div> <div></div> <div>5450.00</div> </div>	
<b>TOTAL This Period (last page this line number only).....</b>			<div> <div></div> <div></div> </div>	

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Fleming For Congress

Full Name (Last, First, Middle Initial)

Mr. Herbert E. Schilling II

Mailing Address 217 Parkview Drive

City

Lafayette

State

LA

Zip Code

70503-2733

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Schilling DistributingOccupation  
Executive

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		27		2014

Transaction ID : A-CF12623

Amount of Each Receipt this Period

1000

Full Name (Last, First, Middle Initial)

Mr. Samuel Schwartz

Mailing Address 3750 Las Vegas Boulevard S  
Unit 3107

City

Las Vegas

State

NV

Zip Code

89158-4364

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Schwartz Law FirmOccupation  
Attorney

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		14		2014

Transaction ID : A-CF12062

Amount of Each Receipt this Period

1000

Full Name (Last, First, Middle Initial)

Mr. Joseph W. Sepulvado

Mailing Address 2535 Desiree Meshell Road

City

Shreveport

State

LA

Zip Code

71115-8666

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jody's Lawn TeamOccupation  
Business Owner

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

625

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		13		2014

Transaction ID : A-CF12359

Amount of Each Receipt this Period

625

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2625.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Fleming For Congress**Full Name (Last, First, Middle Initial)  
**A. Mrs. Virginia K. Shehee**

Mailing Address PO Box 88

City	State	Zip Code
Shreveport	LA	71161-0088

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kilpatrick Life Ins. CompanyOccupation  
Chairman of the Board

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5200

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		27		2014

Transaction ID : A-CF12422

Amount of Each Receipt this Period

2600

Full Name (Last, First, Middle Initial)  
**B. Ms. Margaret S. Shehee-Cole**Mailing Address 7717 Creswell Road  
Lot 25

City	State	Zip Code
Shreveport	LA	71106-6032

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Insurance Agent

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		27		2014

Transaction ID : A-CF12421

Amount of Each Receipt this Period

2600

Full Name (Last, First, Middle Initial)  
**C. Mrs. Susan Shelby**

Mailing Address 6003 E Ridge Drive

City	State	Zip Code
Shreveport	LA	71106-2425

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/AOccupation  
Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		28		2014

Transaction ID : A-CF12429

Amount of Each Receipt this Period

2600

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

7800.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Fleming For Congress

Full Name (Last, First, Middle Initial)

Mrs. Bob Shoalmire

Mailing Address PO Box 7478

City

Natchitoches

State

LA

Zip Code

71457-0478

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information RequestedOccupation  
Information Requested

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		07		2014

Transaction ID : A-CF12321

Amount of Each Receipt this Period

100

Full Name (Last, First, Middle Initial)

Mr. Michael Simon

Mailing Address 531 W Laurel Avenue

City

Eunice

State

LA

Zip Code

70535-4103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Real Estate

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		25		2014

Transaction ID : A-CF12582

Amount of Each Receipt this Period

250

Full Name (Last, First, Middle Initial)

Mr. Tripp Singer

Mailing Address 1397 2nd Avenue  
# 182

City

New York

State

NY

Zip Code

10021-4505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Atlantic Mailboxes, Inc.Occupation  
Owner

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		25		2014

Transaction ID : A-CF12120

Amount of Each Receipt this Period

1000

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1350.00



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. M. Ashley W. Sipes**  
 Mailing Address 2081 Pepper Ridge Drive

City State Zip Code  
 Shreveport LA 71115-9412

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Willis-Knighton

Occupation  
 Physician

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

4375

Date of Receipt

M M / D D / Y Y Y Y  
 04 02 2014

Transaction ID : A-CF11977

Amount of Each Receipt this Period

625

**B.** Full Name (Last, First, Middle Initial)  
**Dr. M. Ashley W. Sipes**  
 Mailing Address 2081 Pepper Ridge Drive

City State Zip Code  
 Shreveport LA 71115-9412

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Willis-Knighton

Occupation  
 Physician

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

4375

Date of Receipt

M M / D D / Y Y Y Y  
 06 04 2014

Transaction ID : A-CF12460

Amount of Each Receipt this Period

625

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Donald R. Smith**  
 Mailing Address 3540 Rue Du Lac Street

City State Zip Code  
 Shreveport LA 71107-7657

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 LSU HSC

Occupation  
 Physician

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5100

Date of Receipt

M M / D D / Y Y Y Y  
 06 16 2014

Transaction ID : A-CF12512

Amount of Each Receipt this Period

100

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1350.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Fleming For Congress

Full Name (Last, First, Middle Initial)

Dr. Donald R. Smith

Mailing Address 3540 Rue Du Lac Street

City

Shreveport

State

LA

Zip Code

71107-7657

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LSU HSC

Occupation

Physician

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

5100

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2014

Transaction ID : A-CF12513

Amount of Each Receipt this Period

2500

Full Name (Last, First, Middle Initial)

Evelyn P. Snow

Mailing Address 2001 Bey Street

City

Bossier City

State

LA

Zip Code

71112-4103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For: 2014

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

237

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		29		2014

Transaction ID : A-CF12179

Amount of Each Receipt this Period

106

Full Name (Last, First, Middle Initial)

Dr. Ray D. Spurlock

Mailing Address 1665 Barnes Road

City

Athens

State

LA

Zip Code

71003-3043

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician - Optometrist

Receipt For: 2014

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		17		2014

Transaction ID : A-CF12100

Amount of Each Receipt this Period

500

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3106.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Fleming For Congress**

Full Name (Last, First, Middle Initial)

**A. Mrs. Donna W. Sternberg**

Mailing Address PO Box 98100

City

Baton Rouge

State

LA

Zip Code

70898-9100

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Starmount Life Insurance Co.

Occupation

Executive Vice President

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		03		2014

Transaction ID : A-CF11989

Amount of Each Receipt this Period

1000

Full Name (Last, First, Middle Initial)

**B. Mr. Charles R. Stubbs**

Mailing Address 107 Carey Lane

City

Minden

State

LA

Zip Code

71055-7435

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Citigroup

Occupation

Analyst

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		10		2014

Transaction ID : A-CF12031

Amount of Each Receipt this Period

500

Full Name (Last, First, Middle Initial)

**C. Mr. Charles D. Sutherland**

Mailing Address 1814 Crater Circle

City

Bossier City

State

LA

Zip Code

71112-4404

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

335

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		26		2014

Transaction ID : A-CF12598

Amount of Each Receipt this Period

150

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1650.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Fleming For Congress

Full Name (Last, First, Middle Initial)

Mr. H. E. Sutton

Mailing Address PO Box 639

City

Oil City

State

LA

Zip Code

71061-0639

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Oil &amp; Gas

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		16		2014

Transaction ID : A-CF12388

Amount of Each Receipt this Period

250

Full Name (Last, First, Middle Initial)

Dr. Timothy W. Talbert

Mailing Address 728 Duckwater Landing

City

Bossier City

State

LA

Zip Code

71111-8404

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		26		2014

Transaction ID : A-CF12588

Amount of Each Receipt this Period

500

Full Name (Last, First, Middle Initial)

Dr. J. Dudley Talbot

Mailing Address 531 Lloyd Lane

City

Shreveport

State

LA

Zip Code

71106-4742

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Physican Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		24		2014

Transaction ID : A-CF12552

Amount of Each Receipt this Period

100

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

850.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Scriven Taylor**

Mailing Address **PO Box 949**

City **Natchitoches** State **LA** Zip Code **71458-0949**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Self** Occupation **Real Estate**

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date **400**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		28		2014

**Transaction ID : A-CF12150**

Amount of Each Receipt this Period

100
-----

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Wyatt H. Thomas**

Mailing Address **1822 Smyrna Road**

City **Keatchie** State **LA** Zip Code **71046-2920**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Wyatt Thomas Electric Co** Occupation **Owner**

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date **750**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

**Transaction ID : A-CF12641**

Amount of Each Receipt this Period

500
-----

**C.** Full Name (Last, First, Middle Initial)  
**Mrs. Diane C. Thompson**

Mailing Address **1307 Drake Drive**

City **Minden** State **LA** Zip Code **71055-8961**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Rapides Regional Medical Cen** Occupation **Medical Records Transcriptionist**

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date **425**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		07		2014

**Transaction ID : A-CF12324**

Amount of Each Receipt this Period

250
-----

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

850.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Fleming For Congress

Full Name (Last, First, Middle Initial)

Mr. Lewis W. Tilley

Mailing Address 917 Walnut Hill Road

City

Leesville

State

LA

Zip Code

71446-7652

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

350

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		06		2014

Transaction ID : A-CF12304

Amount of Each Receipt this Period

50

Full Name (Last, First, Middle Initial)

Mr. Michael S. Toland

Mailing Address 105 Laurel Circle

City

Minden

State

LA

Zip Code

71055-6582

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Fleming Group

Occupation

President

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		07		2014

Transaction ID : A-CF12323

Amount of Each Receipt this Period

250

Full Name (Last, First, Middle Initial)

Mr. Robert N. Touchstone Jr.

Mailing Address 416 Travis Street  
Suite 900

City

Shreveport

State

LA

Zip Code

71101-5502

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

CPA

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		29		2014

Transaction ID : A-CF12181

Amount of Each Receipt this Period

200

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

500.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

Full Name (Last, First, Middle Initial) <b>A. Mrs. Martha Tucker</b>		Date of Receipt M M / D D / Y Y Y Y <b>04 / 09 / 2014</b>
Mailing Address 102 Tucker Lane		<b>Transaction ID : A-CF12014</b>
City Minden	State LA	
Zip Code 71055-6547		Amount of Each Receipt this Period 500
FEC ID number of contributing federal political committee. C		
Name of Employer Tucker Electric, LLC	Occupation Owner	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500	

Full Name (Last, First, Middle Initial) <b>B. Mrs. Mary Van Meter</b>		Date of Receipt M M / D D / Y Y Y Y <b>05 / 27 / 2014</b>
Mailing Address 17 Carriage Lane		<b>Transaction ID : A-CF12423</b>
City New Orleans	State LA	
Zip Code 70114-6724		Amount of Each Receipt this Period 1600
FEC ID number of contributing federal political committee. C		
Name of Employer None	Occupation Homemaker	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3600	

Full Name (Last, First, Middle Initial) <b>C. Mrs. Mary Van Meter</b>		Date of Receipt M M / D D / Y Y Y Y <b>05 / 27 / 2014</b>
Mailing Address 17 Carriage Lane		<b>Transaction ID : A-CF12424</b>
City New Orleans	State LA	
Zip Code 70114-6724		Amount of Each Receipt this Period 1000
FEC ID number of contributing federal political committee. C		
Name of Employer None	Occupation Homemaker	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3600	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3100.00
<b>TOTAL</b> This Period (last page this line number only).....	

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Fleming For Congress

Full Name (Last, First, Middle Initial)

Mr. Hines S. Vaughan

Mailing Address 7717 Creswell Road

Lot 13

City

Shreveport

State

LA

Zip Code

71106-6031

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

350

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		22		2014

Transaction ID : A-CF12419

Amount of Each Receipt this Period

100

Full Name (Last, First, Middle Initial)

Mr. Tom D. West

Mailing Address 143 Fire Willow Trail

City

Sunset

State

LA

Zip Code

70584-6137

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		26		2014

Transaction ID : A-CF12597

Amount of Each Receipt this Period

100

Full Name (Last, First, Middle Initial)

Mr. Robert R. Wilkie

Mailing Address 1100 Ridgewood Circle

City

Minden

State

LA

Zip Code

71055-3064

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Aeropres

Occupation

COO

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2014

Transaction ID : A-CF12271

Amount of Each Receipt this Period

500

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

700.00



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Fleming For Congress

Full Name (Last, First, Middle Initial)

Dr. R. Bruce Williams

A.

Mailing Address 437 Dunmoreland Circle

City

Shreveport

State

LA

Zip Code

71106-6101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Delta Pathology GroupOccupation  
Physician

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3000

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		14		2014

Transaction ID : A-CF12366

Amount of Each Receipt this Period

600

Full Name (Last, First, Middle Initial)

Dr. R. Bruce Williams

B.

Mailing Address 437 Dunmoreland Circle

City

Shreveport

State

LA

Zip Code

71106-6101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Delta Pathology GroupOccupation  
Physician

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

3000

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		14		2014

Transaction ID : A-CF12367

Amount of Each Receipt this Period

400

Full Name (Last, First, Middle Initial)

Mrs. Gila Willner

C.

Mailing Address 10 Turtle Bay Drive

City

Newport Beach

State

CA

Zip Code

92660-4266

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Property Management

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		11		2014

Transaction ID : A-CF12038

Amount of Each Receipt this Period

1000

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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for each category of the  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Fleming For Congress

Full Name (Last, First, Middle Initial)

Mr. Michael W. Wise

Mailing Address 219 Fernwood Lane

City

Minden

State

LA

Zip Code

71055-7533

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

CPA

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		01		2014

Transaction ID : A-CF12248

Amount of Each Receipt this Period

750

Full Name (Last, First, Middle Initial)

Mr. Michael W. Wise

Mailing Address 219 Fernwood Lane

City

Minden

State

LA

Zip Code

71055-7533

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

CPA

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		01		2014

Transaction ID : A-CF12249

Amount of Each Receipt this Period

500

Full Name (Last, First, Middle Initial)

Mr. C. R. (Buddy) Wood

Mailing Address PO Box 626

125 Fisher Road

City

Many

State

LA

Zip Code

71449-0626

FEC ID number of contributing  
federal political committee.

C

Name of Employer

State Farm Insurance

Occupation

Insurance &amp; Financial Services

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		17		2014

Transaction ID : A-CF12523

Amount of Each Receipt this Period

250

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

A. Full Name (Last, First, Middle Initial)  
**Mr. R. E. Woodard Jr.**

Mailing Address **419 Garrison Trail**

City	State	Zip Code
Minden	LA	71055-8986

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**Woodard Investments**

Occupation  
**Partner**

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**1300**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2014

Transaction ID : **A-CF12250**

Amount of Each Receipt this Period

**1000**

B. Full Name (Last, First, Middle Initial)  
**Mr. Russell L. Wren**

Mailing Address **146 Valleyview Street**

City	State	Zip Code
Minden	LA	71055-9034

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**Information Requested**

Occupation  
**Information Requested**

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**250**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : **A-CF12673**

Amount of Each Receipt this Period

**250**

C. Full Name (Last, First, Middle Initial)  
**Mrs. Ray Young**

Mailing Address **PO Box 648**

City	State	Zip Code
Wisner	LA	71378-0648

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**Self**

Occupation  
**Farmer / Ag Consultant**

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**350**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		30		2014

Transaction ID : **A-CF12443**

Amount of Each Receipt this Period

**100**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**1350.00**

**136740.97**

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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for each category of the  
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☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**Fleming For Congress**

Full Name (Last, First, Middle Initial)

**Action Comm. for Rural Electrification**

Mailing Address 4301 Wilson Boulevard

City

Arlington

State

VA

Zip Code

22203-1867

FEC ID number of contributing  
federal political committee.

**C** C00008169

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2500

Date of Receipt

**06** / **30** / **2014**

**Transaction ID : A-CF12642**

Amount of Each Receipt this Period

1500

Full Name (Last, First, Middle Initial)

**Adams-Reese PAC (ARPAC)**

Mailing Address 451 Florida Street

City

Baton Rouge

State

LA

Zip Code

70801-1700

FEC ID number of contributing  
federal political committee.

**C** C00226472

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000

Date of Receipt

**04** / **21** / **2014**

**Transaction ID : A-CF12115**

Amount of Each Receipt this Period

1000

Full Name (Last, First, Middle Initial)

**American Academy of Dermatology Association PAC**

Mailing Address 1445 New York Avenue NW  
Suite 800

City

Washington

State

DC

Zip Code

20005-2125

FEC ID number of contributing  
federal political committee.

**C** C00359539

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000

Date of Receipt

**05** / **19** / **2014**

**Transaction ID : A-CF12392**

Amount of Each Receipt this Period

1000

**SUBTOTAL** of Receipts This Page (optional).....

3500.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**American Academy of Family Physicians PAC**

Mailing Address 1133 Connecticut Avenue NW  
 Suite 1100

City	State	Zip Code
Washington	DC	20036-4342

FEC ID number of contributing federal political committee. **C** C00411553

Name of Employer Occupation

Receipt For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
 7500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		16		2014

Transaction ID : A-CF12510

Amount of Each Receipt this Period

2500

**B.** Full Name (Last, First, Middle Initial)  
 AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPAC)

Mailing Address PO Box 15441

City	State	Zip Code
Washington	DC	20003-0441

FEC ID number of contributing federal political committee. **C** C00273003

Name of Employer Occupation

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 1000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		12		2014

Transaction ID : A-CF12342

Amount of Each Receipt this Period

1000

**C.** Full Name (Last, First, Middle Initial)  
**American Gastroenterological Assn PAC**

Mailing Address 4926 Del Ray Avenue

City	State	Zip Code
Bethesda	MD	20814-2512

FEC ID number of contributing federal political committee. **C** C00423228

Name of Employer Occupation

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 1000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		19		2014

Transaction ID : A-CF12393

Amount of Each Receipt this Period

1000

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4500.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>American Medical Association PAC</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address 25 Massachusetts Avenue NW Suite 600		<b>Transaction ID : A-CF12425</b>
City Washington State DC Zip Code 20001-7400		
FEC ID number of contributing federal political committee. <b>C</b> C00000422		Amount of Each Receipt this Period 1000
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4000	

<b>B.</b> Full Name (Last, First, Middle Initial) <b>American Medical Association PAC</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address 25 Massachusetts Avenue NW Suite 600		<b>Transaction ID : A-CF12426</b>
City Washington State DC Zip Code 20001-7400		
FEC ID number of contributing federal political committee. <b>C</b> C00000422		Amount of Each Receipt this Period 3000
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4000	

<b>C.</b> Full Name (Last, First, Middle Initial) <b>American Osteopathic Information PAC</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 1090 Vermont Avenue NW Suite 510		<b>Transaction ID : A-CF12397</b>
City Washington State DC Zip Code 20005-4949		
FEC ID number of contributing federal political committee. <b>C</b> C00113803		Amount of Each Receipt this Period 1000
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3500	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5000.00
<b>TOTAL</b> This Period (last page this line number only).....	

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Fleming For Congress

Full Name (Last, First, Middle Initial)

AT&amp;T PAC

Mailing Address 208 S Akard Street

Suite 2701

City

Dallas

State

TX

Zip Code

75202-4206

FEC ID number of contributing  
federal political committee.

C

C00109017

Name of Employer

Occupation

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

4000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		05		2014

Transaction ID : A-CF12269

Amount of Each Receipt this Period

1000

Full Name (Last, First, Middle Initial)

Dealers Action Committee NADA

Mailing Address 8400 Westpark Drive

City

Mc Lean

State

VA

Zip Code

22102-5116

FEC ID number of contributing  
federal political committee.

C

C00040998

Name of Employer

Occupation

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

3500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		28		2014

Transaction ID : A-CF12122

Amount of Each Receipt this Period

2500

Full Name (Last, First, Middle Initial)

ENT PAC

Mailing Address 1650 Diagonal Road

City

Alexandria

State

VA

Zip Code

22314-2857

FEC ID number of contributing  
federal political committee.

C

C00306449

Name of Employer

Occupation

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

3000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		19		2014

Transaction ID : A-CF12391

Amount of Each Receipt this Period

1500

SUBTOTAL of Receipts This Page (optional).....

5000.00

TOTAL This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**Fleming For Congress**

Full Name (Last, First, Middle Initial)

**Entergy Corporation PAC**

Mailing Address 101 Constitution Avenue NW  
Suite 200

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

**C** C00363879

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2000

Date of Receipt

M M / D D / Y Y Y Y  
04 14 2014

Transaction ID : A-CF12055

Amount of Each Receipt this Period

1000

Full Name (Last, First, Middle Initial)

**Exxon Mobil Corporation PAC**

Mailing Address 5959 Las Colinas Boulevard

City State Zip Code  
Irving TX 75039-4202

FEC ID number of contributing  
federal political committee.

**C** C00121368

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2500

Date of Receipt

M M / D D / Y Y Y Y  
06 27 2014

Transaction ID : A-CF12625

Amount of Each Receipt this Period

2500

Full Name (Last, First, Middle Initial)

**Honeywell PAC**

Mailing Address 101 Constitution Avenue NW  
Suite 500 W

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

**C** C00096156

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

4000

Date of Receipt

M M / D D / Y Y Y Y  
06 06 2014

Transaction ID : A-CF12473

Amount of Each Receipt this Period

1000

**SUBTOTAL** of Receipts This Page (optional).....

4500.00

**TOTAL** This Period (last page this line number only).....



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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for each category of the  
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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Fleming For Congress

Full Name (Last, First, Middle Initial)

Honeywell PAC

Mailing Address 101 Constitution Avenue NW  
Suite 500 W

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

C C00096156

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

4000

Date of Receipt

M M / D D / Y Y Y Y  
06 23 2014

Transaction ID : A-CF12531

Amount of Each Receipt this Period

1000

Full Name (Last, First, Middle Initial)

Lifepoint Hospitals Good Government Fund

Mailing Address 330 Seven Springs Way

City State Zip Code  
Brentwood TN 37027-4536

FEC ID number of contributing  
federal political committee.

C C00347955

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M / D D / Y Y Y Y  
04 21 2014

Transaction ID : A-CF12110

Amount of Each Receipt this Period

500

Full Name (Last, First, Middle Initial)

Lockheed Martin Employees' PAC

Mailing Address 2121 Crystal Drive  
Suite 100

City State Zip Code  
Arlington VA 22202-3706

FEC ID number of contributing  
federal political committee.

C C00303024

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000

Date of Receipt

M M / D D / Y Y Y Y  
05 05 2014

Transaction ID : A-CF12267

Amount of Each Receipt this Period

1000

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2500.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 74 OF 160

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Minn-Dak Farmers Cooperative PAC**

Mailing Address 7525 Red River Road

City State Zip Code  
 Wahpeton ND 58075-9705

FEC ID number of contributing  
federal political committee.

**C** C00164939

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000

Date of Receipt

M M / D D / Y Y Y Y  
 06 30 2014

Transaction ID : A-CF12643

Amount of Each Receipt this Period

1000

**B.** Full Name (Last, First, Middle Initial)  
**NAIFA PAC**

Mailing Address 2901 Telestar Court

City State Zip Code  
 Falls Church VA 22042-1260

FEC ID number of contributing  
federal political committee.

**C** C00005249

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000

Date of Receipt

M M / D D / Y Y Y Y  
 05 19 2014

Transaction ID : A-CF12396

Amount of Each Receipt this Period

2000

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL ASSN OF HEALTH UNDERWRITERS PAC**

Mailing Address 1212 New York Avenue NW  
 Suite 1100

City State Zip Code  
 Washington DC 20005-3987

FEC ID number of contributing  
federal political committee.

**C** C00283135

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000

Date of Receipt

M M / D D / Y Y Y Y  
 04 28 2014

Transaction ID : A-CF12123

Amount of Each Receipt this Period

2000

**SUBTOTAL** of Receipts This Page (optional).....

5000.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**National Beer Wholesalers Assoc. PAC**

Mailing Address 1101 King Street  
 Suite 600

City State Zip Code  
 Alexandria VA 22314-2965

FEC ID number of contributing  
federal political committee.

**C** C00144766

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000

Date of Receipt

M M / D D / Y Y Y Y  
 06 03 2014

**Transaction ID : A-CF12455**

Amount of Each Receipt this Period

3000

**B.** Full Name (Last, First, Middle Initial)  
**National Emergency Medicine PAC**

Mailing Address PO Box 619911

City State Zip Code  
 Dallas TX 75261-9911

FEC ID number of contributing  
federal political committee.

**C** C00140061

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000

Date of Receipt

M M / D D / Y Y Y Y  
 05 15 2014

**Transaction ID : A-CF12385**

Amount of Each Receipt this Period

2500

**C.** Full Name (Last, First, Middle Initial)  
**Neurosurgery PAC**

Mailing Address 5550 Meadowbrook Drive

City State Zip Code  
 Rolling Meadows IL 60008

FEC ID number of contributing  
federal political committee.

**C** C00413955

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000

Date of Receipt

M M / D D / Y Y Y Y  
 05 12 2014

**Transaction ID : A-CF12347**

Amount of Each Receipt this Period

1000

**SUBTOTAL** of Receipts This Page (optional).....

6500.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 76 OF 160

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Fleming For Congress

Full Name (Last, First, Middle Initial)

Pan American Life Insurance Company PAC

Mailing Address 601 Poydras Street

# 14

City

New Orleans

State

LA

Zip Code

70130-6029

FEC ID number of contributing  
federal political committee.

C C00312207

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		21		2014

Transaction ID : A-CF12109

Amount of Each Receipt this Period

1000

Full Name (Last, First, Middle Initial)

Phillips 66 PAC

Mailing Address 670 AB, 411 S. Keeler Ave

City

Bartlesville

State

OK

Zip Code

74003

FEC ID number of contributing  
federal political committee.

C C00513549

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2014

Transaction ID : A-CF12270

Amount of Each Receipt this Period

1000

Full Name (Last, First, Middle Initial)

Political Action Committee of the AAOS

Mailing Address 317 Massachusetts Avenue NE

City

Washington

State

DC

Zip Code

20002-5769

FEC ID number of contributing  
federal political committee.

C C00343137

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2014

Transaction ID : A-CF12266

Amount of Each Receipt this Period

2500

SUBTOTAL of Receipts This Page (optional).....

4500.00

TOTAL This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 77 OF 160

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

Full Name (Last, First, Middle Initial)  
**PricewaterhouseCoopers PAC**

Mailing Address 1301 K Street NW  
 Suite 800

City State Zip Code  
 Washington DC 20005-3317

FEC ID number of contributing  
federal political committee.

**C** C00107235

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2500

Date of Receipt

M M / D D / Y Y Y Y  
 05 19 2014

Transaction ID : A-CF12395

Amount of Each Receipt this Period

2500

Full Name (Last, First, Middle Initial)

**Realtors PAC**

Mailing Address 430 N Michigan Avenue

City State Zip Code  
 Chicago IL 60611-4011

FEC ID number of contributing  
federal political committee.

**C** C00030718

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000

Date of Receipt

M M / D D / Y Y Y Y  
 05 05 2014

Transaction ID : A-CF12268

Amount of Each Receipt this Period

1000

Full Name (Last, First, Middle Initial)

**THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)**

Mailing Address 409 12th Street SW

City State Zip Code  
 Washington DC 20024-2125

FEC ID number of contributing  
federal political committee.

**C** C00364158

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000

Date of Receipt

M M / D D / Y Y Y Y  
 05 19 2014

Transaction ID : A-CF12394

Amount of Each Receipt this Period

1000

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4500.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 78 OF 160

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>UPS PAC</b>		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>30</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	06		30		2014	
M M	/	D D	/	Y Y Y Y										
06		30		2014										
Mailing Address 55 Glenlake Parkway NE		<b>Transaction ID : A-CF12644</b>												
City Atlanta	State GA	Zip Code 30328-3474												
FEC ID number of contributing federal political committee. <b>C</b> C00064766		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10"></td> <td>1000</td> </tr> </table>												1000
										1000				
Name of Employer		Occupation												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="10"></td> <td>4000</td> </tr> </table>												4000
										4000				
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Western Sugar Cooperative PAC</b>		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>12</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	06		12		2014	
M M	/	D D	/	Y Y Y Y										
06		12		2014										
Mailing Address 7555 E Hampden Avenue Suite 600		<b>Transaction ID : A-CF12507</b>												
City Denver	State CO	Zip Code 80231-4837												
FEC ID number of contributing federal political committee. <b>C</b> C00446674		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10"></td> <td>1000</td> </tr> </table>												1000
										1000				
Name of Employer		Occupation												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="10"></td> <td>1000</td> </tr> </table>												1000
										1000				
<b>C.</b> Full Name (Last, First, Middle Initial)		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		M M	/	D D	/	Y Y Y Y						
M M	/	D D	/	Y Y Y Y										
Mailing Address		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10"></td> </tr> </table>												
City	State	Zip Code												
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10"></td> </tr> </table>												
Name of Employer		Occupation												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="10"></td> </tr> </table>												
<b>SUBTOTAL</b> of Receipts This Page (optional).....		<table border="1"> <tr> <td colspan="10"></td> <td>2000.00</td> </tr> </table>												2000.00
										2000.00				
<b>TOTAL</b> This Period (last page this line number only).....		<table border="1"> <tr> <td colspan="10"></td> <td>47500.00</td> </tr> </table>												47500.00
										47500.00				

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

Fleming For Congress

Full Name (Last, First, Middle Initial)

Louisiana Workers' Compensation Corp.

Mailing Address 2237 S Acadian Thruway

City

Baton Rouge

State

LA

Zip Code

70808-2371

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

427

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		09		2014

Transaction ID : A-OF12021

Amount of Each Receipt this Period

271

Refund for Overpayment of Workers Compensation Insurance

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

271.00

271.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 11d ☒ 15  
12 13a 13b 14

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

Full Name (Last, First, Middle Initial) <b>Regions Bank</b>		Date of Receipt M M / D D / Y Y Y Y Y Y <b>04 30 2014</b>
Mailing Address <b>401 Main Street</b>		<b>Transaction ID : A-MF12251</b>
City <b>Minden</b>	State <b>LA</b>	Zip Code <b>71055-3324</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>44.54</b>
Name of Employer	Occupation	Bank Interest
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>1160.15</b>	

Full Name (Last, First, Middle Initial) <b>Regions Bank</b>		Date of Receipt M M / D D / Y Y Y Y Y Y <b>05 31 2014</b>
Mailing Address <b>401 Main Street</b>		<b>Transaction ID : A-MF12463</b>
City <b>Minden</b>	State <b>LA</b>	Zip Code <b>71055-3324</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>44.54</b>
Name of Employer	Occupation	Bank Interest
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>1160.15</b>	

Full Name (Last, First, Middle Initial) <b>Regions Bank</b>		Date of Receipt M M / D D / Y Y Y Y Y Y <b>06 30 2014</b>
Mailing Address <b>401 Main Street</b>		<b>Transaction ID : A-MF12680</b>
City <b>Minden</b>	State <b>LA</b>	Zip Code <b>71055-3324</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>46.03</b>
Name of Employer	Occupation	Bank Interest
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>1160.15</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>135.11</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>135.11</b>



# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

Full Name (Last, First, Middle Initial)

## **A. ADT Security**

Mailing Address 8880 Esters Boulevard

City State Zip Code  
 Irving TX 75063-2406

Purpose of Disbursement  
 Office Security Monitoring

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
 04 08 2014

Amount of Each Disbursement this Period

35.99

Transaction ID : B-E-12010

## **B. ADT Security**

Mailing Address 8880 Esters Boulevard

City State Zip Code  
 Irving TX 75063-2406

Purpose of Disbursement  
 Office Security Monitoring

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
 05 08 2014

Amount of Each Disbursement this Period

35.99

Transaction ID : B-E-12335

## **c. ADT Security**

Mailing Address 8880 Esters Boulevard

City State Zip Code  
 Irving TX 75063-2406

Purpose of Disbursement  
 Office Security Monitoring

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
 06 09 2014

Amount of Each Disbursement this Period

35.99

Transaction ID : B-E-12479

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

107.97

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 82 OF 160

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Fleming For Congress**

Full Name (Last, First, Middle Initial)

**A. Allegra Marketing - Print - Mail**

Mailing Address 1115 Pierremont Road

City	State	Zip Code
Shreveport	LA	71106-1952

Purpose of Disbursement  
Event Invitations

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2014

Amount of Each Disbursement this Period

735.27
--------

Transaction ID : B-E-11966

**B. Allegra Marketing - Print - Mail**

Mailing Address 1115 Pierremont Road

City	State	Zip Code
Shreveport	LA	71106-1952

Purpose of Disbursement  
Event Invitations

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2014

Amount of Each Disbursement this Period

833.49
--------

Transaction ID : B-E-11967

**C. Allegra Marketing - Print - Mail**

Mailing Address 1115 Pierremont Road

City	State	Zip Code
Shreveport	LA	71106-1952

Purpose of Disbursement  
Direct Mail Printing and Postage

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2014

Amount of Each Disbursement this Period

302.32
--------

Transaction ID : B-E-11968

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1871.08

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 83 OF 160

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Fleming For Congress**

Full Name (Last, First, Middle Initial)

**A. Allegra Marketing - Print - Mail**

Mailing Address 1115 Pierremont Road

City	State	Zip Code
Shreveport	LA	71106-1952

Purpose of Disbursement  
Event Invitations

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 01 / 2014

Amount of Each Disbursement this Period

550.24
--------

Transaction ID : B-E-11969

**B. Allegra Marketing - Print - Mail**

Mailing Address 1115 Pierremont Road

City	State	Zip Code
Shreveport	LA	71106-1952

Purpose of Disbursement  
Event Invitation Printing

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 29 / 2014

Amount of Each Disbursement this Period

527.21
--------

Transaction ID : B-E-12189

**C. Allegra Marketing - Print - Mail**

Mailing Address 1115 Pierremont Road

City	State	Zip Code
Shreveport	LA	71106-1952

Purpose of Disbursement  
Supplies- Envelopes

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 07 / 2014

Amount of Each Disbursement this Period

135.39
--------

Transaction ID : B-E-12313

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1212.84

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Fleming For Congress**

Full Name (Last, First, Middle Initial)

**A. Allegra Marketing - Print - Mail**

Mailing Address 1115 Pierremont Road

City	State	Zip Code
Shreveport	LA	71106-1952

Purpose of Disbursement  
Event Invitations

Candidate Name

Office Sought:	House	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
	Senate	
	President	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		07		2014

Amount of Each Disbursement this Period

444.02
--------

Transaction ID : B-E-12314

**B. American Express**

Mailing Address PO Box 360001

City	State	Zip Code
Fort Lauderdale	FL	33336-0001

Purpose of Disbursement  
Travel and Meals- See Memos

Candidate Name

Office Sought:	House	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
	Senate	
	President	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2014

Amount of Each Disbursement this Period

1754.6
--------

Transaction ID : B-E-11970

Original vendors exceeding reporting threshold itemized as memo transactions.

**C. Delta Airlines**

Mailing Address PO Box 20706

City	State	Zip Code
Atlanta	GA	30320-6001

Purpose of Disbursement  
Baggage Fee

Candidate Name

Office Sought:	House	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
	Senate	
	President	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		27		2014

Amount of Each Disbursement this Period

25
----

Transaction ID : B-S-1482

**[MEMO ITEM]**

Subitemization of American Express(04/01/14)

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2198.62

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Fleming For Congress**

Full Name (Last, First, Middle Initial)

**A. Delta Airlines**

Mailing Address PO Box 20706

City	State	Zip Code
Atlanta	GA	30320-6001

Purpose of Disbursement  
Airfare

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		27		2014

Amount of Each Disbursement this Period

437
-----

Transaction ID : B-S-1488

**[MEMO ITEM]**

Subitemization of American Express(04/01/14)

**B. Uber Technologies**Mailing Address 182 Howard Street  
Suite 8

City	State	Zip Code
San Francisco	CA	94105-1611

Purpose of Disbursement  
Car Service

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		11		2014

Amount of Each Disbursement this Period

40
----

Transaction ID : B-S-1480

**[MEMO ITEM]**

Subitemization of American Express(04/01/14)

**c. Uber Technologies**Mailing Address 182 Howard Street  
Suite 8

City	State	Zip Code
San Francisco	CA	94105-1611

Purpose of Disbursement  
Car Service

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		11		2014

Amount of Each Disbursement this Period

25
----

Transaction ID : B-S-1481

**[MEMO ITEM]**

Subitemization of American Express(04/01/14)

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Fleming For Congress**

Full Name (Last, First, Middle Initial)

**A. The Capital Grille**

Mailing Address 601 Pennsylvania Avenue NW

City	State	Zip Code
Washington	DC	20004-2601

Purpose of Disbursement  
Meals

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		26		2014

Amount of Each Disbursement this Period

415.6
-------

Transaction ID : B-S-1489

**[MEMO ITEM]**

Subitemization of American Express(04/01/14)

**B. American Airlines**

Mailing Address PO Box 619616

City	State	Zip Code
Dallas	TX	75261-9616

Purpose of Disbursement  
Airfare

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		26		2014

Amount of Each Disbursement this Period

622
-----

Transaction ID : B-S-1484

**[MEMO ITEM]**

Subitemization of American Express(04/01/14)

**c. American Express**

Mailing Address PO Box 360001

City	State	Zip Code
Fort Lauderdale	FL	33336-0001

Purpose of Disbursement  
Travel- See Memos

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		29		2014

Amount of Each Disbursement this Period

927.14
--------

Transaction ID : B-E-12192

Original vendors exceeding reporting threshold itemized as memo transactions.

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

927.14

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Fleming For Congress**

Full Name (Last, First, Middle Initial)

**A. Delta Airlines**

Mailing Address PO Box 20706

City	State	Zip Code
Atlanta	GA	30320-6001

Purpose of Disbursement  
Airfare

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2014

Amount of Each Disbursement this Period

376.25
--------

Transaction ID : B-S-1507

**[MEMO ITEM]**

Subitemization of American Express(04/29/14)

**B. American Airlines**

Mailing Address PO Box 619616

City	State	Zip Code
Dallas	TX	75261-9616

Purpose of Disbursement  
Airfare Fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		08		2014

Amount of Each Disbursement this Period

48.01
-------

Transaction ID : B-S-1511

**[MEMO ITEM]**

Subitemization of American Express(04/29/14)

**C. American Airlines**

Mailing Address PO Box 619616

City	State	Zip Code
Dallas	TX	75261-9616

Purpose of Disbursement  
Airfare Fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		08		2014

Amount of Each Disbursement this Period

48.01
-------

Transaction ID : B-S-1512

**[MEMO ITEM]**

Subitemization of American Express(04/29/14)

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Fleming For Congress**

Full Name (Last, First, Middle Initial)

**A. Gogoair.com**Mailing Address 1250 N Arlington Heights Road  
Suite 500

City Itasca State IL Zip Code 60143-1216

Purpose of Disbursement  
Internet

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2014

Amount of Each Disbursement this Period

14
----

Transaction ID : B-S-1508

**[MEMO ITEM]**

Subitemization of American Express(04/29/14)

**B. Gogoair.com**Mailing Address 1250 N Arlington Heights Road  
Suite 500

City Itasca State IL Zip Code 60143-1216

Purpose of Disbursement  
Internet

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2014

Amount of Each Disbursement this Period

14
----

Transaction ID : B-S-1509

**[MEMO ITEM]**

Subitemization of American Express(04/29/14)

**c. Uber Technologies**Mailing Address 182 Howard Street  
Suite 8

City San Francisco State CA Zip Code 94105-1611

Purpose of Disbursement  
Car Service

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		26		2014

Amount of Each Disbursement this Period

7.23
------

Transaction ID : B-S-1505

**[MEMO ITEM]**

Subitemization of American Express(04/29/14)

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00
------



**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Fleming For Congress**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 360001

City	State	Zip Code
Fort Lauderdale	FL	33336-0001

Purpose of Disbursement  
Travel- See Memos

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		21		2014

Amount of Each Disbursement this Period

6298.27
---------

**Transaction ID : B-E-12408**

Original vendors exceeding reporting threshold itemized as memo transactions.

**B. American Airlines**

Mailing Address PO Box 619616

City	State	Zip Code
Dallas	TX	75261-9616

Purpose of Disbursement  
Airline Fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		13		2014

Amount of Each Disbursement this Period

25.2
------

**Transaction ID : B-S-1527****[MEMO ITEM]**

Subitemization of American Express(05/21/14)

**C. American Airlines**

Mailing Address PO Box 619616

City	State	Zip Code
Dallas	TX	75261-9616

Purpose of Disbursement  
Airline Fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		13		2014

Amount of Each Disbursement this Period

25.2
------

**Transaction ID : B-S-1528****[MEMO ITEM]**

Subitemization of American Express(05/21/14)

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

6298.27

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 90 OF 160

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Fleming For Congress**

Full Name (Last, First, Middle Initial)

**A. American Airlines**

Mailing Address PO Box 619616

City	State	Zip Code
Dallas	TX	75261-9616

Purpose of Disbursement  
Airfare

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		14		2014

Amount of Each Disbursement this Period

120
-----

Transaction ID : B-S-1529

**[MEMO ITEM]**

Subitemization of American Express(05/21/14)

**B. Delta Airlines**

Mailing Address PO Box 20706

City	State	Zip Code
Atlanta	GA	30320-6001

Purpose of Disbursement  
Airfare

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		25		2014

Amount of Each Disbursement this Period

976
-----

Transaction ID : B-S-1536

**[MEMO ITEM]**

Subitemization of American Express(05/21/14)

**c. Delta Airlines**

Mailing Address PO Box 20706

City	State	Zip Code
Atlanta	GA	30320-6001

Purpose of Disbursement  
Airfare

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		15		2014

Amount of Each Disbursement this Period

502
-----

Transaction ID : B-S-1532

**[MEMO ITEM]**

Subitemization of American Express(05/21/14)

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Fleming For Congress**

Full Name (Last, First, Middle Initial)

**A. Delta Airlines**

Mailing Address PO Box 20706

City	State	Zip Code
Atlanta	GA	30320-6001

Purpose of Disbursement  
Airfare

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		22		2014

Amount of Each Disbursement this Period

1124
------

Transaction ID : B-S-1535

**[MEMO ITEM]**

Subitemization of American Express(05/21/14)

**B. IHG BTRCOPMS**

Mailing Address 4848 Constitution Avenue

City	State	Zip Code
Baton Rouge	LA	70808-3323

Purpose of Disbursement  
Lodging

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		18		2014

Amount of Each Disbursement this Period

454.12
--------

Transaction ID : B-S-1547

**[MEMO ITEM]**

Subitemization of American Express(05/21/14)

**c. Gogoair.com**Mailing Address 1250 N Arlington Heights Road  
Suite 500

City	State	Zip Code
Itasca	IL	60143-1216

Purpose of Disbursement  
Annual Internet Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		02		2014

Amount of Each Disbursement this Period

469.95
--------

Transaction ID : B-S-1543

**[MEMO ITEM]**

Subitemization of American Express(05/21/14)

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Fleming For Congress**

Full Name (Last, First, Middle Initial)

**A. Luxe Hotel Sunset Blvd**

Mailing Address 11461 W Sunset Boulevard

City	State	Zip Code
Los Angeles	CA	90049-2031

Purpose of Disbursement  
Lodging

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		14		2014

Amount of Each Disbursement this Period

1897.73
---------

Transaction ID : B-S-1531

**[MEMO ITEM]**

Subitemization of American Express(05/21/14)

**B. Cava Mezze**

Mailing Address 527 8th Street SE

City	State	Zip Code
Washington	DC	20003-2835

Purpose of Disbursement  
Catering

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		08		2014

Amount of Each Disbursement this Period

459.81
--------

Transaction ID : B-S-1539

**[MEMO ITEM]**

Subitemization of American Express(05/21/14)

**C. American Express**

Mailing Address PO Box 360001

City	State	Zip Code
Fort Lauderdale	FL	33336-0001

Purpose of Disbursement  
Catering and Meals- See Memos

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		16		2014

Amount of Each Disbursement this Period

474.18
--------

Transaction ID : B-E-12516

Original vendors exceeding reporting threshold itemized as memo transactions.

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

474.18

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Fleming For Congress**

Full Name (Last, First, Middle Initial)

**A. RT's Restaurant**

Mailing Address 3804 Mount Vernon Avenue

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2014

City	State	Zip Code
Alexandria	VA	22305-2409

Amount of Each Disbursement this Period

457.98
--------

Purpose of Disbursement  
CateringCategory/  
Type

Transaction ID : B-S-1525

Candidate Name

**[MEMO ITEM]**

Subitemization of American Express(06/16/14)

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**B. Aristotle International**

Mailing Address 205 Pennsylvania Avenue SE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2014

City	State	Zip Code
Washington	DC	20003-1164

Amount of Each Disbursement this Period

1350
------

Purpose of Disbursement  
Software & Compliance ConsultingCategory/  
Type

Transaction ID : B-E-11962

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**C. Aristotle International**

Mailing Address 205 Pennsylvania Avenue SE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		16		2014

City	State	Zip Code
Washington	DC	20003-1164

Amount of Each Disbursement this Period

1350
------

Purpose of Disbursement  
Software & Compliance ConsultingCategory/  
Type

Transaction ID : B-E-12095

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2700.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Fleming For Congress**

Full Name (Last, First, Middle Initial)

**A. Aristotle International**

Mailing Address 205 Pennsylvania Avenue SE

City	State	Zip Code
Washington	DC	20003-1164

Purpose of Disbursement  
Compliance Consulting

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		21		2014

Amount of Each Disbursement this Period

1350
------

Transaction ID : B-E-12405

**B. AT&T**

Mailing Address 32 Avenue Of The Americas

City	State	Zip Code
New York	NY	10013-2473

Purpose of Disbursement  
Data Services

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		10		2014

Amount of Each Disbursement this Period

25
----

Transaction ID : B-E-12024

**C. AT&T**

Mailing Address 32 Avenue Of The Americas

City	State	Zip Code
New York	NY	10013-2473

Purpose of Disbursement  
Data Services

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		09		2014

Amount of Each Disbursement this Period

25
----

Transaction ID : B-E-12331

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1400.00

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Fleming For Congress**

Full Name (Last, First, Middle Initial)

**A. AT&T**

Mailing Address 32 Avenue Of The Americas

City	State	Zip Code
New York	NY	10013-2473

Purpose of Disbursement  
Data Services

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2014

Amount of Each Disbursement this Period

25
----

Transaction ID : B-E-12480

**B. AT&T Mobility**

Mailing Address PO Box 536216

City	State	Zip Code
Atlanta	GA	30353-6216

Purpose of Disbursement  
Phones

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		16		2014

Amount of Each Disbursement this Period

142.13
--------

Transaction ID : B-E-12088

**C. AT&T Mobility**

Mailing Address PO Box 536216

City	State	Zip Code
Atlanta	GA	30353-6216

Purpose of Disbursement  
phones

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		21		2014

Amount of Each Disbursement this Period

144.03
--------

Transaction ID : B-E-12409

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

311.16

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Fleming For Congress**

Full Name (Last, First, Middle Initial)

**A. AT&T Mobility**

Mailing Address PO Box 536216

City	State	Zip Code
Atlanta	GA	30353-6216

Purpose of Disbursement  
Phones

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2014

Amount of Each Disbursement this Period

144.03
--------

Transaction ID : B-E-12500

**B. Bank of America**

Mailing Address 1923 Main Street

City	State	Zip Code
Franklin	LA	70538-3117

Purpose of Disbursement  
Transaction Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		03		2014

Amount of Each Disbursement this Period

56.9
------

Transaction ID : B-E-12361

**c. Bank of America**

Mailing Address 1923 Main Street

City	State	Zip Code
Franklin	LA	70538-3117

Purpose of Disbursement  
Transaction Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2014

Amount of Each Disbursement this Period

56.9
------

Transaction ID : B-E-12291

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

257.83



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Fleming For Congress**

Full Name (Last, First, Middle Initial)

**A. Bank of America**

Mailing Address 1923 Main Street

City	State	Zip Code
Franklin	LA	70538-3117

Purpose of Disbursement  
Transaction Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		03		2014

Amount of Each Disbursement this Period

56.9
------

Transaction ID : B-E-12450

**B. Bienville Medical Center**

Mailing Address 1175 Pine Street

City	State	Zip Code
Arcadia	LA	71001-3121

Purpose of Disbursement  
Catering Services

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2014

Amount of Each Disbursement this Period

500
-----

Transaction ID : B-E-12498

**C. Brabender Cox, LLC**

Mailing Address 1218 Grandview Avenue

City	State	Zip Code
Pittsburgh	PA	15211-1239

Purpose of Disbursement  
Website Services

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2014

Amount of Each Disbursement this Period

3035
------

Transaction ID : B-E-11960

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3591.90

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 17    ☐ 18    ☐ 19a    ☐ 19b  
☐ 20a    ☐ 20b    ☐ 20c    ☐ 21

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

Full Name (Last, First, Middle Initial)

## **A. Capitol Hill Club**

Mailing Address 300 1st Street SE

City Washington State DC Zip Code 20003-1801

Purpose of Disbursement  
Catering

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
04 / 16 / 2014

Amount of Each Disbursement this Period

552.58

Transaction ID : B-E-12094

Category/  
Type

Full Name (Last, First, Middle Initial)

## **B. Capitol Hill Club**

Mailing Address 300 1st Street SE

City Washington State DC Zip Code 20003-1801

Purpose of Disbursement  
Meals

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
05 / 07 / 2014

Amount of Each Disbursement this Period

204.44

Transaction ID : B-E-12317

Category/  
Type

Full Name (Last, First, Middle Initial)

## **c. Capitol Hill Club**

Mailing Address 300 1st Street SE

City Washington State DC Zip Code 20003-1801

Purpose of Disbursement  
Meals

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
06 / 09 / 2014

Amount of Each Disbursement this Period

169.39

Transaction ID : B-E-12493

Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

926.41

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Fleming For Congress**

Full Name (Last, First, Middle Initial)

**A. Citi Cards**

Mailing Address PO Box 6500

City	State	Zip Code
Sioux Falls	SD	57117-6500

Purpose of Disbursement  
See Memos

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2014

Amount of Each Disbursement this Period

237.16
--------

**Transaction ID : B-E-11957**

Original vendors exceeding reporting threshold itemized as memo transactions.

**B. Office Depot #446**

Mailing Address 1708 E 70th Street

City	State	Zip Code
Shreveport	LA	71105-5202

Purpose of Disbursement  
Office Supplies

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		18		2014

Amount of Each Disbursement this Period

59.72
-------

**Transaction ID : B-S-1478****[MEMO ITEM]**

Subitemization of Citi Cards(04/01/14)

**c. Office Max**

Mailing Address 6634 Youree Drive

City	State	Zip Code
Shreveport	LA	71105-4630

Purpose of Disbursement  
Office Supplies

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		17		2014

Amount of Each Disbursement this Period

10.84
-------

**Transaction ID : B-S-1479****[MEMO ITEM]**

Subitemization of Citi Cards(04/01/14)

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

237.16

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Fleming For Congress**

Full Name (Last, First, Middle Initial)

**A. Citi Cards**

Mailing Address PO Box 6500

City	State	Zip Code
Sioux Falls	SD	57117-6500

Purpose of Disbursement  
See Memos

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		16		2014

Amount of Each Disbursement this Period

2436.62
---------

**Transaction ID : B-E-12092**

Original vendors exceeding reporting threshold itemized as memo transactions.

**B. Citi Cards**

Mailing Address PO Box 6500

City	State	Zip Code
Sioux Falls	SD	57117-6500

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2014

Amount of Each Disbursement this Period

41.65
-------

**Transaction ID : B-S-1494****[MEMO ITEM]**

Subitemization of Citi Cards(04/16/14)

**C. American Airlines**

Mailing Address PO Box 619616

City	State	Zip Code
Dallas	TX	75261-9616

Purpose of Disbursement  
Airfare

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		20		2014

Amount of Each Disbursement this Period

714
-----

**Transaction ID : B-S-1493****[MEMO ITEM]**

Subitemization of Citi Cards(04/16/14)

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2436.62

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Fleming For Congress**

Full Name (Last, First, Middle Initial)

**A. Office Max**

Mailing Address 6634 Youree Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		15		2014

City	State	Zip Code
Shreveport	LA	71105-4630

Amount of Each Disbursement this Period

132.47
--------

Purpose of Disbursement  
Office SuppliesCategory/  
Type

Transaction ID : B-S-1497

**[MEMO ITEM]**

Subitemization of Citi Cards(04/16/14)

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. Postmaster**

Mailing Address 1925 E 70th Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		12		2014

City	State	Zip Code
Shreveport	LA	71105-5303

Amount of Each Disbursement this Period

26.95
-------

Purpose of Disbursement  
PostageCategory/  
Type

Transaction ID : B-S-1495

**[MEMO ITEM]**

Subitemization of Citi Cards(04/16/14)

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**c. Office Depot**Mailing Address 2001 Airline Drive  
Suite 156

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		15		2014

City	State	Zip Code
Bossier City	LA	71111-3291

Amount of Each Disbursement this Period

95.55
-------

Purpose of Disbursement  
Office SuppliesCategory/  
Type

Transaction ID : B-S-1496

**[MEMO ITEM]**

Subitemization of Citi Cards(04/16/14)

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00
------

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

**Fleming For Congress**

Full Name (Last, First, Middle Initial)

## **A. Delta Airlines**

Mailing Address PO Box 20706

City State Zip Code  
Atlanta GA 30320-6001

Purpose of Disbursement  
Baggage Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
03 20 2014

Amount of Each Disbursement this Period

50

Transaction ID : B-S-1498

**[MEMO ITEM]**

Subitemization of Citi Cards(04/16/14)

## **B. Delta Airlines**

Mailing Address PO Box 20706

City State Zip Code  
Atlanta GA 30320-6001

Purpose of Disbursement  
Airfare

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
04 16 2014

Amount of Each Disbursement this Period

1376

Transaction ID : B-S-1499

**[MEMO ITEM]**

Subitemization of Citi Cards(04/16/14)

## **C. Citi Cards**

Mailing Address PO Box 6500

City State Zip Code  
Sioux Falls SD 57117-6500

Purpose of Disbursement  
See Memos

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
05 21 2014

Amount of Each Disbursement this Period

498.44

Transaction ID : B-E-12407

Original vendors exceeding reporting threshold itemized as memo transactions.

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

498.44

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 103 OF 160

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Fleming For Congress**

Full Name (Last, First, Middle Initial)

**A. Citi Cards**

Mailing Address PO Box 6500

City	State	Zip Code
Sioux Falls	SD	57117-6500

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:	House	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
	Senate	
	President	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 21 / 2014

Amount of Each Disbursement this Period

21.68
-------

Transaction ID : B-S-1520

**[MEMO ITEM]**

Subitemization of Citi Cards(05/21/14)

**B. Unique Towncar Services**

Mailing Address 15015 Victory Boulevard

City	State	Zip Code
Van Nuys	CA	91411-1818

Purpose of Disbursement  
Car Service

Candidate Name

Office Sought:	House	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
	Senate	
	President	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 10 / 2014

Amount of Each Disbursement this Period

202.04
--------

Transaction ID : B-S-1516

**[MEMO ITEM]**

Subitemization of Citi Cards(05/21/14)

**c. Unique Towncar Services**

Mailing Address 15015 Victory Boulevard

City	State	Zip Code
Van Nuys	CA	91411-1818

Purpose of Disbursement  
Car Service

Candidate Name

Office Sought:	House	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
	Senate	
	President	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 21 / 2014

Amount of Each Disbursement this Period

202.02
--------

Transaction ID : B-S-1517

**[MEMO ITEM]**

Subitemization of Citi Cards(05/21/14)

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

Full Name (Last, First, Middle Initial)

**A. Office Max**

Mailing Address 6634 Youree Drive

City	State	Zip Code
Shreveport	LA	71105-4630

Purpose of Disbursement  
Office Supplies

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		21		2014

Amount of Each Disbursement this Period

35.84
-------

Transaction ID : B-S-1519

**[MEMO ITEM]**

Subitemization of Citi Cards(05/21/14)

**B. Office Depot**Mailing Address 2001 Airline Drive  
Suite 156

City	State	Zip Code
Bossier City	LA	71111-3291

Purpose of Disbursement  
Office Supplies

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		23		2014

Amount of Each Disbursement this Period

36.88
-------

Transaction ID : B-S-1518

**[MEMO ITEM]**

Subitemization of Citi Cards(05/21/14)

**C. Citi Cards**

Mailing Address PO Box 6500

City	State	Zip Code
Sioux Falls	SD	57117-6500

Purpose of Disbursement  
Office Supplies- See memos

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		16		2014

Amount of Each Disbursement this Period

84.14
-------

Transaction ID : B-E-12514

Original vendors exceeding reporting threshold itemized as memo transactions.

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

84.14
-------



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Fleming For Congress**

Full Name (Last, First, Middle Initial)

**A. Office Depot**Mailing Address 2001 Airline Drive  
Suite 156City State Zip Code  
Bossier City LA 71111-3291Purpose of Disbursement  
Office Supplies

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
05	02	2014

Amount of Each Disbursement this Period

70.58
-------

Transaction ID : B-S-1522

**[MEMO ITEM]**

Subitemization of Citi Cards(06/16/14)

**B. Office Depot**Mailing Address 2001 Airline Drive  
Suite 156City State Zip Code  
Bossier City LA 71111-3291Purpose of Disbursement  
Office Supplies

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
05	14	2014

Amount of Each Disbursement this Period

13.56
-------

Transaction ID : B-S-1523

**[MEMO ITEM]**

Subitemization of Citi Cards(06/16/14)

**c. Comcast, Inc.**

Mailing Address PO Box 53708

City State Zip Code  
Lafayette LA 70505-3708Purpose of Disbursement  
Cable & Internet Service

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
04	01	2014

Amount of Each Disbursement this Period

275.97
--------

Transaction ID : B-E-11951

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

275.97

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Fleming For Congress**

Full Name (Last, First, Middle Initial)

**A. Comcast, Inc.**

Mailing Address PO Box 53708

City	State	Zip Code
Lafayette	LA	70505-3708

Purpose of Disbursement  
Cable & Internet Service

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		07		2014

Amount of Each Disbursement this Period

276.02
--------

Transaction ID : B-E-12315

**B. Comcast, Inc.**

Mailing Address PO Box 53708

City	State	Zip Code
Lafayette	LA	70505-3708

Purpose of Disbursement  
Cable & Internet Service

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2014

Amount of Each Disbursement this Period

276.11
--------

Transaction ID : B-E-12495

**c. Fed Ex Kinko**

Mailing Address 2020 K Street NW

City	State	Zip Code
Washington	DC	20006-1806

Purpose of Disbursement  
Shipping

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2014

Amount of Each Disbursement this Period

32.15
-------

Transaction ID : B-E-11986

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

584.28

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Fleming For Congress**

Full Name (Last, First, Middle Initial)

**A. Fed Ex Kinko**

Mailing Address 2020 K Street NW

City	State	Zip Code
Washington	DC	20006-1806

Purpose of Disbursement  
Shipping

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		08		2014

Amount of Each Disbursement this Period

32.15
-------

Transaction ID : B-E-12011

**B. Fed Ex Kinko**

Mailing Address 2020 K Street NW

City	State	Zip Code
Washington	DC	20006-1806

Purpose of Disbursement  
Shipping

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		16		2014

Amount of Each Disbursement this Period

32.15
-------

Transaction ID : B-E-12079

**c. Fed Ex Kinko**

Mailing Address 2020 K Street NW

City	State	Zip Code
Washington	DC	20006-1806

Purpose of Disbursement  
Shipping

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		21		2014

Amount of Each Disbursement this Period

32.15
-------

Transaction ID : B-E-12104

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

96.45

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Fleming For Congress**

Full Name (Last, First, Middle Initial)

**A. Fed Ex Kinko**

Mailing Address 2020 K Street NW

City	State	Zip Code
Washington	DC	20006-1806

Purpose of Disbursement  
Shipping

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		30		2014

Amount of Each Disbursement this Period

32.15
-------

Transaction ID : B-E-12228

**B. Fed Ex Kinko**

Mailing Address 2020 K Street NW

City	State	Zip Code
Washington	DC	20006-1806

Purpose of Disbursement  
Shipping Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		06		2014

Amount of Each Disbursement this Period

11.43
-------

Transaction ID : B-E-12294

**c. Fed Ex Kinko**

Mailing Address 2020 K Street NW

City	State	Zip Code
Washington	DC	20006-1806

Purpose of Disbursement  
Shipping

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		08		2014

Amount of Each Disbursement this Period

32.03
-------

Transaction ID : B-E-12334

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

75.61

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 109 OF 160

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Fleming For Congress**

Full Name (Last, First, Middle Initial)

**A. Fed Ex Kinko**

Mailing Address 2020 K Street NW

City	State	Zip Code
Washington	DC	20006-1806

Purpose of Disbursement  
Shipping

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		14		2014

Amount of Each Disbursement this Period

27.28
-------

Transaction ID : B-E-12369

**B. Fed Ex Kinko**

Mailing Address 2020 K Street NW

City	State	Zip Code
Washington	DC	20006-1806

Purpose of Disbursement  
Shipping

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		20		2014

Amount of Each Disbursement this Period

32.03
-------

Transaction ID : B-E-12402

**c. Fed Ex Kinko**

Mailing Address 2020 K Street NW

City	State	Zip Code
Washington	DC	20006-1806

Purpose of Disbursement  
Shipping

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		03		2014

Amount of Each Disbursement this Period

32.03
-------

Transaction ID : B-E-12449

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

91.34

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Fleming For Congress**

Full Name (Last, First, Middle Initial)

**A. Janet Bain Company**

Mailing Address 1015 Beverley Drive

City	State	Zip Code
Alexandria	VA	22302-2421

Purpose of Disbursement  
Fundraising Consulting

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2014

Amount of Each Disbursement this Period

1500
------

Transaction ID : B-E-11963

**B. Janet Bain Company**

Mailing Address 1015 Beverley Drive

City	State	Zip Code
Alexandria	VA	22302-2421

Purpose of Disbursement  
Fundraising Consulting

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		07		2014

Amount of Each Disbursement this Period

1500
------

Transaction ID : B-E-12316

**C. Janet Bain Company**

Mailing Address 1015 Beverley Drive

City	State	Zip Code
Alexandria	VA	22302-2421

Purpose of Disbursement  
Fundraising Consulting

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		21		2014

Amount of Each Disbursement this Period

1500
------

Transaction ID : B-E-12406

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4500.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Fleming For Congress**

Full Name (Last, First, Middle Initial)

**A. Janet Bain Company**

Mailing Address 1015 Beverley Drive

City	State	Zip Code
Alexandria	VA	22302-2421

Purpose of Disbursement  
Fundraising Consulting

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		16		2014

Amount of Each Disbursement this Period

2497.34
---------

Transaction ID : B-E-12518

**B. Louisiana Dept. of Revenue**

Mailing Address PO Box 201

City	State	Zip Code
Baton Rouge	LA	70821-0201

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		30		2014

Amount of Each Disbursement this Period

667
-----

Transaction ID : B-E-12227

**c. Louisiana Dept. of Revenue**

Mailing Address PO Box 201

City	State	Zip Code
Baton Rouge	LA	70821-0201

Purpose of Disbursement  
unemployment insurance taxes

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		01		2014

Amount of Each Disbursement this Period

330.34
--------

Transaction ID : B-E-12230

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2497.34

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Fleming For Congress**

Full Name (Last, First, Middle Initial)

**A. Louisiana Workers' Compensation Corp.**

Mailing Address 2237 S Acadian Thruway

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		21		2014

City	State	Zip Code
Baton Rouge	LA	70808-2371

Purpose of Disbursement  
Workers Comp Policy

Amount of Each Disbursement this Period

752
-----

Transaction ID : B-E-12411

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Full Name (Last, First, Middle Initial)

**B. Martin Services, LLC**

Mailing Address PO Box 8827

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2014

City	State	Zip Code
Shreveport	LA	71148-8827

Purpose of Disbursement  
Pest Control

Amount of Each Disbursement this Period

35
----

Transaction ID : B-E-11959

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Full Name (Last, First, Middle Initial)

**C. Martin Services, LLC**

Mailing Address PO Box 8827

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		16		2014

City	State	Zip Code
Shreveport	LA	71148-8827

Purpose of Disbursement  
Pest Control

Amount of Each Disbursement this Period

35
----

Transaction ID : B-E-12089

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

822.00





**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Fleming For Congress**

Full Name (Last, First, Middle Initial)

**A. Nungesser Consulting**

Mailing Address 1554 Lobdell Avenue

City	State	Zip Code
Baton Rouge	LA	70806-8243

Purpose of Disbursement  
Catering- See Memo

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		29		2014

Amount of Each Disbursement this Period

454.13
--------

**Transaction ID : B-E-12435**

Original vendors exceeding reporting threshold itemized as memo transactions.

**B. Ralphs on Park**

Mailing Address 900 City Park Avenue

City	State	Zip Code
New Orleans	LA	70119-3613

Purpose of Disbursement  
Catering

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		17		2014

Amount of Each Disbursement this Period

454.13
--------

**Transaction ID : B-S-1521****[MEMO ITEM]**

Subitemization of Nungesser Consulting(05/29/14)

**c. Nungesser Consulting**

Mailing Address 1554 Lobdell Avenue

City	State	Zip Code
Baton Rouge	LA	70806-8243

Purpose of Disbursement  
Fundraising Consulting

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		29		2014

Amount of Each Disbursement this Period

6430
------

**Transaction ID : B-E-12436****SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

6884.13

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Fleming For Congress**

Full Name (Last, First, Middle Initial)

**A. Office Depot**Mailing Address 2001 Airline Drive  
Suite 156City State Zip Code  
Bossier City LA 71111-3291Purpose of Disbursement  
Office Supplies

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
04	10	2014

Amount of Each Disbursement this Period

88.14
-------

Transaction ID : B-E-12023

**B. Paragon Press**

Mailing Address 901 Tatum Street

City State Zip Code  
Shreveport LA 71107-7123Purpose of Disbursement  
Stationary

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
05	21	2014

Amount of Each Disbursement this Period

236.55
--------

Transaction ID : B-E-12417

**c. Piryx, Inc.**Mailing Address 144 2nd Street  
Floor 1City State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
Transaction Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
04	01	2014

Amount of Each Disbursement this Period

111.8
-------

Transaction ID : B-E-11974

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

436.49

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Fleming For Congress**

Full Name (Last, First, Middle Initial)

**A. Piryx, Inc.**Mailing Address 144 2nd Street  
Floor 1City State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
Transaction Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2014

Amount of Each Disbursement this Period

111.8
-------

Transaction ID : B-E-11983

**B. Piryx, Inc.**Mailing Address 144 2nd Street  
Floor 1City State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
Transaction Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2014

Amount of Each Disbursement this Period

26.88
-------

Transaction ID : B-E-11984

**C. Piryx, Inc.**Mailing Address 144 2nd Street  
Floor 1City State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
Transaction Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2014

Amount of Each Disbursement this Period

26.88
-------

Transaction ID : B-E-11985

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

165.56
--------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Fleming For Congress**

Full Name (Last, First, Middle Initial)

**A. Piryx, Inc.**Mailing Address 144 2nd Street  
Floor 1City State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
Transaction Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2014

Amount of Each Disbursement this Period

21.5
------

Transaction ID : B-E-11997

**B. Piryx, Inc.**Mailing Address 144 2nd Street  
Floor 1City State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
Transaction Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		10		2014

Amount of Each Disbursement this Period

1.08
------

Transaction ID : B-E-12025

**C. Piryx, Inc.**Mailing Address 144 2nd Street  
Floor 1City State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
Transaction Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		11		2014

Amount of Each Disbursement this Period

43
----

Transaction ID : B-E-12040

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

65.58
-------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Fleming For Congress**

Full Name (Last, First, Middle Initial)

**A. Piryx, Inc.**Mailing Address 144 2nd Street  
Floor 1City State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
Transaction Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		11		2014

Amount of Each Disbursement this Period

43
----

Transaction ID : B-E-12041

**B. Piryx, Inc.**Mailing Address 144 2nd Street  
Floor 1City State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
Transaction Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		14		2014

Amount of Each Disbursement this Period

43
----

Transaction ID : B-E-12042

**C. Piryx, Inc.**Mailing Address 144 2nd Street  
Floor 1City State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
Transaction Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		14		2014

Amount of Each Disbursement this Period

21.5
------

Transaction ID : B-E-12043

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

107.50



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Fleming For Congress**

Full Name (Last, First, Middle Initial)

**A. Piryx, Inc.**Mailing Address 144 2nd Street  
Floor 1City State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
transaction Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
04	14	2014

Amount of Each Disbursement this Period

43
----

Transaction ID : B-E-12047

**B. Piryx, Inc.**Mailing Address 144 2nd Street  
Floor 1City State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
transaction Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
04	14	2014

Amount of Each Disbursement this Period

43
----

Transaction ID : B-E-12048

**C. Piryx, Inc.**Mailing Address 144 2nd Street  
Floor 1City State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
transaction fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
04	14	2014

Amount of Each Disbursement this Period

43
----

Transaction ID : B-E-12049

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

129.00



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Fleming For Congress**

Full Name (Last, First, Middle Initial)

**A. Piryx, Inc.**Mailing Address 144 2nd Street  
Floor 1City State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
Transaction Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		14		2014

Amount of Each Disbursement this Period

21.5
------

Transaction ID : B-E-12050

**B. Piryx, Inc.**Mailing Address 144 2nd Street  
Floor 1City State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
Transaction Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		15		2014

Amount of Each Disbursement this Period

26.88
-------

Transaction ID : B-E-12072

**C. Piryx, Inc.**Mailing Address 144 2nd Street  
Floor 1City State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
Transaction Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		15		2014

Amount of Each Disbursement this Period

1.29
------

Transaction ID : B-E-12073

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

49.67

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Fleming For Congress**

Full Name (Last, First, Middle Initial)

**A. Piryx, Inc.**Mailing Address 144 2nd Street  
Floor 1City State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
Transaction Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		16		2014

Amount of Each Disbursement this Period

75.25
-------

Transaction ID : B-E-12081

**B. Piryx, Inc.**Mailing Address 144 2nd Street  
Floor 1City State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
Transaction Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		17		2014

Amount of Each Disbursement this Period

10.75
-------

Transaction ID : B-E-12097

**C. Piryx, Inc.**Mailing Address 144 2nd Street  
Floor 1City State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
Transaction Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		21		2014

Amount of Each Disbursement this Period

43
----

Transaction ID : B-E-12103

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

75.25
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Fleming For Congress**

Full Name (Last, First, Middle Initial)

**A. Piryx, Inc.**Mailing Address 144 2nd Street  
Floor 1City State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
Transaction Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
04	28	2014

Amount of Each Disbursement this Period

4.3
-----

Transaction ID : B-E-12161

**B. Piryx, Inc.**Mailing Address 144 2nd Street  
Floor 1City State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
Transaction Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
04	28	2014

Amount of Each Disbursement this Period

4.3
-----

Transaction ID : B-E-12162

**C. Piryx, Inc.**Mailing Address 144 2nd Street  
Floor 1City State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
Transaction Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
04	28	2014

Amount of Each Disbursement this Period

2.15
------

Transaction ID : B-E-12163

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

10.75
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Fleming For Congress**

Full Name (Last, First, Middle Initial)

**A. Piryx, Inc.**Mailing Address 144 2nd Street  
Floor 1City State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
Transaction Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		29		2014

Amount of Each Disbursement this Period

1.51
------

Transaction ID : B-E-12186

**B. Piryx, Inc.**Mailing Address 144 2nd Street  
Floor 1City State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
Transaction Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		29		2014

Amount of Each Disbursement this Period

0.86
------

Transaction ID : B-E-12187

**C. Piryx, Inc.**Mailing Address 144 2nd Street  
Floor 1City State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
Transaction Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		29		2014

Amount of Each Disbursement this Period

3.01
------

Transaction ID : B-E-12188

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5.38
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Fleming For Congress**

Full Name (Last, First, Middle Initial)

**A. Piryx, Inc.**Mailing Address 144 2nd Street  
Floor 1City State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
Transaction Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		30		2014

Amount of Each Disbursement this Period

21.5
------

Transaction ID : B-E-12198

**B. Piryx, Inc.**Mailing Address 144 2nd Street  
Floor 1City State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
Transaction Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		30		2014

Amount of Each Disbursement this Period

0.43
------

Transaction ID : B-E-12199

**C. Piryx, Inc.**Mailing Address 144 2nd Street  
Floor 1City State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
Transaction Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		01		2014

Amount of Each Disbursement this Period

26.88
-------

Transaction ID : B-E-12231

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

48.81
-------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Fleming For Congress**

Full Name (Last, First, Middle Initial)

**A. Piryx, Inc.**Mailing Address 144 2nd Street  
Floor 1

City San Francisco State CA Zip Code 94105-3718

Purpose of Disbursement  
Transaction Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		01		2014

Amount of Each Disbursement this Period

0.43
------

Transaction ID : B-E-12232

**B. Piryx, Inc.**Mailing Address 144 2nd Street  
Floor 1

City San Francisco State CA Zip Code 94105-3718

Purpose of Disbursement  
Transaction Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		01		2014

Amount of Each Disbursement this Period

4.3
-----

Transaction ID : B-E-12233

**C. Piryx, Inc.**Mailing Address 144 2nd Street  
Floor 1

City San Francisco State CA Zip Code 94105-3718

Purpose of Disbursement  
Transaction Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		02		2014

Amount of Each Disbursement this Period

43
----

Transaction ID : B-E-12265

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

47.73

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Fleming For Congress**

Full Name (Last, First, Middle Initial)

**A. Piryx, Inc.**Mailing Address 144 2nd Street  
Floor 1City State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
Transaction Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		06		2014

Amount of Each Disbursement this Period

2.15
------

Transaction ID : B-E-12292

**B. Piryx, Inc.**Mailing Address 144 2nd Street  
Floor 1City State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
Transaction Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		06		2014

Amount of Each Disbursement this Period

43
----

Transaction ID : B-E-12293

**C. Piryx, Inc.**Mailing Address 144 2nd Street  
Floor 1City State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
Transaction Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		09		2014

Amount of Each Disbursement this Period

1.08
------

Transaction ID : B-E-12332

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

46.23
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 128 OF 160

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Fleming For Congress**

Full Name (Last, First, Middle Initial)

**A. Piryx, Inc.**Mailing Address 144 2nd Street  
Floor 1City State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
transaction fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		09		2014

Amount of Each Disbursement this Period

46.58
-------

Transaction ID : B-E-12333

**B. Piryx, Inc.**Mailing Address 144 2nd Street  
Floor 1City State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
Transaction Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		12		2014

Amount of Each Disbursement this Period

4.3
-----

Transaction ID : B-E-12341

**C. Piryx, Inc.**Mailing Address 144 2nd Street  
Floor 1City State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
Transaction Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		13		2014

Amount of Each Disbursement this Period

3.44
------

Transaction ID : B-E-12348

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

54.32
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Fleming For Congress**

Full Name (Last, First, Middle Initial)

**A. Piryx, Inc.**Mailing Address 144 2nd Street  
Floor 1City State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
Transaction Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		13		2014

Amount of Each Disbursement this Period

1.08
------

Transaction ID : B-E-12349

**B. Piryx, Inc.**Mailing Address 144 2nd Street  
Floor 1City State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
Transaction Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		13		2014

Amount of Each Disbursement this Period

26.88
-------

Transaction ID : B-E-12350

**C. Piryx, Inc.**Mailing Address 144 2nd Street  
Floor 1City State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
Transaction Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		20		2014

Amount of Each Disbursement this Period

4.3
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Transaction ID : B-E-12400

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

32.26
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 130 OF 160

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Fleming For Congress**

Full Name (Last, First, Middle Initial)

**A. Piryx, Inc.**Mailing Address 144 2nd Street  
Floor 1City State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
Transaction Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		20		2014

Amount of Each Disbursement this Period

1.08
------

Transaction ID : B-E-12401

**B. Piryx, Inc.**Mailing Address 144 2nd Street  
Floor 1City State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
Transaction Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		28		2014

Amount of Each Disbursement this Period

111.8
-------

Transaction ID : B-E-12431

**C. Piryx, Inc.**Mailing Address 144 2nd Street  
Floor 1City State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
Transaction Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		28		2014

Amount of Each Disbursement this Period

111.8
-------

Transaction ID : B-E-12432

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

224.68

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 131 OF 160

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Fleming For Congress**

Full Name (Last, First, Middle Initial)

**A. Piryx, Inc.**Mailing Address 144 2nd Street  
Floor 1City State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
Transaction Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		04		2014

Amount of Each Disbursement this Period

26.88
-------

Transaction ID : B-E-12451

**B. Piryx, Inc.**Mailing Address 144 2nd Street  
Floor 1City State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
Transaction Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		04		2014

Amount of Each Disbursement this Period

26.88
-------

Transaction ID : B-E-12452

**C. Piryx, Inc.**Mailing Address 144 2nd Street  
Floor 1City State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
Transaction Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		04		2014

Amount of Each Disbursement this Period

9.32
------

Transaction ID : B-E-12453

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

63.08
-------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 132 OF 160

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Fleming For Congress**

Full Name (Last, First, Middle Initial)

**A. Piryx, Inc.**Mailing Address 144 2nd Street  
Floor 1City State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
Transaction Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		04		2014

Amount of Each Disbursement this Period

111.8
-------

Transaction ID : B-E-12454

**B. Piryx, Inc.**Mailing Address 144 2nd Street  
Floor 1City State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
Transaction Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		06		2014

Amount of Each Disbursement this Period

111.8
-------

Transaction ID : B-E-12477

**C. Piryx, Inc.**Mailing Address 144 2nd Street  
Floor 1City State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
Transaction Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2014

Amount of Each Disbursement this Period

110.5
-------

Transaction ID : B-E-12478

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

334.10

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 133 OF 160

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Fleming For Congress**

Full Name (Last, First, Middle Initial)

**A. Piryx, Inc.**Mailing Address 144 2nd Street  
Floor 1City State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
Transaction Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		10		2014

Amount of Each Disbursement this Period

110.5
-------

Transaction ID : B-E-12499

**B. Piryx, Inc.**Mailing Address 144 2nd Street  
Floor 1City State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
Transaction Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		11		2014

Amount of Each Disbursement this Period

1.06
------

Transaction ID : B-E-12501

**C. Piryx, Inc.**Mailing Address 144 2nd Street  
Floor 1City State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
Transaction Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		17		2014

Amount of Each Disbursement this Period

26.56
-------

Transaction ID : B-E-12520

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

138.12



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Fleming For Congress**

Full Name (Last, First, Middle Initial)

**A. Piryx, Inc.**Mailing Address 144 2nd Street  
Floor 1City State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
transaction fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		24		2014

Amount of Each Disbursement this Period

1.4
-----

Transaction ID : B-E-12561

**B. Piryx, Inc.**Mailing Address 144 2nd Street  
Floor 1City State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
Transaction Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		25		2014

Amount of Each Disbursement this Period

2.13
------

Transaction ID : B-E-12562

**C. Piryx, Inc.**Mailing Address 144 2nd Street  
Floor 1City State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
Transaction Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		25		2014

Amount of Each Disbursement this Period

4.25
------

Transaction ID : B-E-12563

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

7.78
------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 136 OF 160

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Fleming For Congress**

Full Name (Last, First, Middle Initial)

**A. Piryx, Inc.**Mailing Address 144 2nd Street  
Floor 1City State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
Transaction Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		25		2014

Amount of Each Disbursement this Period

4.25
------

Transaction ID : B-E-12564

**B. Piryx, Inc.**Mailing Address 144 2nd Street  
Floor 1City State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
Transaction Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		26		2014

Amount of Each Disbursement this Period

1.49
------

Transaction ID : B-E-12602

**C. Piryx, Inc.**Mailing Address 144 2nd Street  
Floor 1City State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
Transaction Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		26		2014

Amount of Each Disbursement this Period

110.5
-------

Transaction ID : B-E-12603

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

116.24



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 137 OF 160

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Fleming For Congress**

Full Name (Last, First, Middle Initial)

**A. Piryx, Inc.**Mailing Address 144 2nd Street  
Floor 1City State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
Transaction Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		26		2014

Amount of Each Disbursement this Period

2.13
------

Transaction ID : B-E-12604

**B. Piryx, Inc.**Mailing Address 144 2nd Street  
Floor 1City State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
Transaction Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		27		2014

Amount of Each Disbursement this Period

1.06
------

Transaction ID : B-E-12630

**C. Piryx, Inc.**Mailing Address 144 2nd Street  
Floor 1City State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
Transaction Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		27		2014

Amount of Each Disbursement this Period

1.49
------

Transaction ID : B-E-12631

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4.68
------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 138 OF 160

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Fleming For Congress**

Full Name (Last, First, Middle Initial)

**A. Piryx, Inc.**Mailing Address 144 2nd Street  
Floor 1City State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
Transaction Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
06	27	2014

Amount of Each Disbursement this Period

2.13
------

Transaction ID : B-E-12632

**B. Piryx, Inc.**Mailing Address 144 2nd Street  
Floor 1City State Zip Code  
San Francisco CA 94105-3718Purpose of Disbursement  
Transaction Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
06	30	2014

Amount of Each Disbursement this Period

4.25
------

Transaction ID : B-E-12687

**C. Postmaster**

Mailing Address 1925 E 70th Street

City State Zip Code  
Shreveport LA 71105-5303Purpose of Disbursement  
Stamps

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
04	04	2014

Amount of Each Disbursement this Period

109
-----

Transaction ID : B-E-11996

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

115.38

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 139 OF 160

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Fleming For Congress**

Full Name (Last, First, Middle Initial)

**A. Postmaster**

Mailing Address 1925 E 70th Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		10		2014

City	State	Zip Code
Shreveport	LA	71105-5303

Purpose of Disbursement  
Postage

Amount of Each Disbursement this Period

167
-----

Transaction ID : B-E-12022

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**B. Postmaster**

Mailing Address 1925 E 70th Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		16		2014

City	State	Zip Code
Shreveport	LA	71105-5303

Purpose of Disbursement  
Postage

Amount of Each Disbursement this Period

7.19
------

Transaction ID : B-E-12080

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**C. Postmaster**

Mailing Address 1925 E 70th Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		20		2014

City	State	Zip Code
Shreveport	LA	71105-5303

Purpose of Disbursement  
Stamps

Amount of Each Disbursement this Period

241.18
--------

Transaction ID : B-E-12403

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

415.37

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 140 OF 160

☒ 17    ☐ 18    ☐ 19a    ☐ 19b  
☐ 20a    ☐ 20b    ☐ 20c    ☐ 21

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NAME OF COMMITTEE (In Full)

**Fleming For Congress**

Full Name (Last, First, Middle Initial)

## **A. Postmaster**

Mailing Address 1925 E 70th Street

City State Zip Code  
 Shreveport LA 71105-5303

Purpose of Disbursement  
 Stamps

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
 06 / 16 / 2014

Amount of Each Disbursement this Period

117.6

Transaction ID : B-E-12519

## **B. Postmaster**

Mailing Address 1925 E 70th Street

City State Zip Code  
 Shreveport LA 71105-5303

Purpose of Disbursement  
 Stamps

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
 06 / 26 / 2014

Amount of Each Disbursement this Period

20.8

Transaction ID : B-E-12605

## **c. Regions Bank**

Mailing Address 401 Main Street

City State Zip Code  
 Minden LA 71055-3324

Purpose of Disbursement  
 Bank Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
 04 / 30 / 2014

Amount of Each Disbursement this Period

37.5

Transaction ID : B-E-12229

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

175.90

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Fleming For Congress**

Full Name (Last, First, Middle Initial)

**A. Regions Bank**

Mailing Address 401 Main Street

City	State	Zip Code
Minden	LA	71055-3324

Purpose of Disbursement  
Bank Fees

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		30		2014

Amount of Each Disbursement this Period

19.5
------

Transaction ID : B-E-12444

**B. Regions Bank**

Mailing Address 401 Main Street

City	State	Zip Code
Minden	LA	71055-3324

Purpose of Disbursement  
Bank Fees

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

Amount of Each Disbursement this Period

16.5
------

Transaction ID : B-E-12674

**C. Rivergate Investments, LLC**

Mailing Address 2205 E 70th Street

City	State	Zip Code
Shreveport	LA	71105-5321

Purpose of Disbursement  
Office Rent & CAM chargesCategory/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2014

Amount of Each Disbursement this Period

1070
------

Transaction ID : B-E-11961

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1106.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 142 OF 160

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Fleming For Congress**

Full Name (Last, First, Middle Initial)

**A. Rivergate Investments, LLC**

Mailing Address 2205 E 70th Street

City	State	Zip Code
Shreveport	LA	71105-5321

Purpose of Disbursement  
Office Rent & CAM charges

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		29		2014

Amount of Each Disbursement this Period

1070
------

Transaction ID : B-E-12190

**B. Rivergate Investments, LLC**

Mailing Address 2205 E 70th Street

City	State	Zip Code
Shreveport	LA	71105-5321

Purpose of Disbursement  
Office Rent & CAM charges

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		29		2014

Amount of Each Disbursement this Period

1070
------

Transaction ID : B-E-12434

**C. SCM Associates, Inc.**

Mailing Address PO Box 254

City	State	Zip Code
Dublin	NH	03444-0254

Purpose of Disbursement  
Direct Mail Graphic Design Fee, Production and Postage

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2014

Amount of Each Disbursement this Period

3413.24
---------

Transaction ID : B-E-11964

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5553.24

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 143 OF 160

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Fleming For Congress**

Full Name (Last, First, Middle Initial)

**A. SCM Associates, Inc.**

Mailing Address PO Box 254

City	State	Zip Code
Dublin	NH	03444-0254

Purpose of Disbursement  
Direct Mail Graphic Design Fee, Production and Postage

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2014

Amount of Each Disbursement this Period

6899.9
--------

Transaction ID : B-E-11965

Full Name (Last, First, Middle Initial)

**B. SCM Associates, Inc.**

Mailing Address PO Box 254

City	State	Zip Code
Dublin	NH	03444-0254

Purpose of Disbursement  
Direct Mail Graphic Design Fee, Production, and List Rental Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		16		2014

Amount of Each Disbursement this Period

2871.77
---------

Transaction ID : B-E-12086

Full Name (Last, First, Middle Initial)

**C. SCM Associates, Inc.**

Mailing Address PO Box 254

City	State	Zip Code
Dublin	NH	03444-0254

Purpose of Disbursement  
Direct Mail Graphic Design Fee and Production

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		16		2014

Amount of Each Disbursement this Period

2476.6
--------

Transaction ID : B-E-12087

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

12248.27

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 144 OF 160

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

Full Name (Last, First, Middle Initial)

**A. SCM Associates, Inc.**

Mailing Address PO Box 254

City	State	Zip Code
Dublin	NH	03444-0254

Purpose of Disbursement  
Graphic Design Fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		21		2014

Amount of Each Disbursement this Period

750
-----

Transaction ID : B-E-12415

**B. SCM Associates, Inc.**

Mailing Address PO Box 254

City	State	Zip Code
Dublin	NH	03444-0254

Purpose of Disbursement  
Direct Mail Postage and Production

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		21		2014

Amount of Each Disbursement this Period

396.64
--------

Transaction ID : B-E-12416

**C. SCM Associates, Inc.**

Mailing Address PO Box 254

City	State	Zip Code
Dublin	NH	03444-0254

Purpose of Disbursement  
Telemarketing

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2014

Amount of Each Disbursement this Period

2499.97
---------

Transaction ID : B-E-12496

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3646.61



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 145 OF 160

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Fleming For Congress**

Full Name (Last, First, Middle Initial)

**A. SCM Associates, Inc.**

Mailing Address PO Box 254

City	State	Zip Code
Dublin	NH	03444-0254

Purpose of Disbursement  
Direct Mail Production and Postage

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2014

Amount of Each Disbursement this Period

2966.71
---------

Transaction ID : B-E-12497

**B. SCM Associates, Inc.**

Mailing Address PO Box 254

City	State	Zip Code
Dublin	NH	03444-0254

Purpose of Disbursement  
List Rental Fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		16		2014

Amount of Each Disbursement this Period

1533.82
---------

Transaction ID : B-E-12517

**c. Stephanie McKenzie**

Mailing Address 188 Grey Eagle Drive

City	State	Zip Code
Shreveport	LA	71115-2979

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		30		2014

Amount of Each Disbursement this Period

1310.17
---------

Transaction ID : B-E-12196

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5810.70

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Fleming For Congress**

Full Name (Last, First, Middle Initial)

**A. Stephanie McKenzie**

Mailing Address 188 Grey Eagle Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		30		2014

City	State	Zip Code
Shreveport	LA	71115-2979

Purpose of Disbursement  
Salary

Amount of Each Disbursement this Period

1310.17
---------

Transaction ID : B-E-12439

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Full Name (Last, First, Middle Initial)

**B. Stephanie McKenzie**

Mailing Address 188 Grey Eagle Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

City	State	Zip Code
Shreveport	LA	71115-2979

Purpose of Disbursement  
Salary

Amount of Each Disbursement this Period

1310.17
---------

Transaction ID : B-E-12678

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Full Name (Last, First, Middle Initial)

**c. Swepco**

Mailing Address PO Box 24404

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2014

City	State	Zip Code
Canton	OH	44701-4404

Purpose of Disbursement  
Utilities

Amount of Each Disbursement this Period

211.97
--------

Transaction ID : B-E-11956

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2832.31

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 147 OF 160

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

Full Name (Last, First, Middle Initial)

**A. Swepc**

Mailing Address PO Box 24404

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		16		2014

City	State	Zip Code
Canton	OH	44701-4404

Amount of Each Disbursement this Period

103.54
--------

Purpose of Disbursement  
UtilitiesCategory/  
Type

Transaction ID : B-E-12091

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. Swepc**

Mailing Address PO Box 24404

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		21		2014

City	State	Zip Code
Canton	OH	44701-4404

Amount of Each Disbursement this Period

120.6
-------

Purpose of Disbursement  
UtilitiesCategory/  
Type

Transaction ID : B-E-12412

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**c. Swepc**

Mailing Address PO Box 24404

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2014

City	State	Zip Code
Canton	OH	44701-4404

Amount of Each Disbursement this Period

133.97
--------

Purpose of Disbursement  
Utilities

001

Category/  
Type

Transaction ID : B-E-12490

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

358.11

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Fleming For Congress**

Full Name (Last, First, Middle Initial)

**A. Thrifty Liquor**

Mailing Address 3000 E Texas Street

City	State	Zip Code
Bossier City	LA	71111-3208

Purpose of Disbursement  
Catering

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2014

Amount of Each Disbursement this Period

232.74
--------

Transaction ID : B-E-11952

**B. Thrifty Liquor**

Mailing Address 3000 E Texas Street

City	State	Zip Code
Bossier City	LA	71111-3208

Purpose of Disbursement  
Event Catering

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		29		2014

Amount of Each Disbursement this Period

529.95
--------

Transaction ID : B-E-12191

**c. Thrifty Liquor**

Mailing Address 3000 E Texas Street

City	State	Zip Code
Bossier City	LA	71111-3208

Purpose of Disbursement  
Catering

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		21		2014

Amount of Each Disbursement this Period

321.32
--------

Transaction ID : B-E-12414

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1084.01

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Fleming For Congress**

Full Name (Last, First, Middle Initial)

**A. United States Treasury**

Mailing Address 1500 Pennsylvania Avenue NW

City	State	Zip Code
Washington	DC	20220-0001

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		14		2014

Amount of Each Disbursement this Period

105.31
--------

Transaction ID : B-E-12071

**B. United States Treasury**

Mailing Address 1500 Pennsylvania Avenue NW

City	State	Zip Code
Washington	DC	20220-0001

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		30		2014

Amount of Each Disbursement this Period

2317.96
---------

Transaction ID : B-E-12197

**c. United States Treasury**

Mailing Address 1500 Pennsylvania Avenue NW

City	State	Zip Code
Washington	DC	20220-0001

Purpose of Disbursement  
Payro Taxes

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		30		2014

Amount of Each Disbursement this Period

2406.94
---------

Transaction ID : B-E-12441

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4830.21

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Fleming For Congress**

Full Name (Last, First, Middle Initial)

**A. United States Treasury**

Mailing Address 1500 Pennsylvania Avenue NW

City	State	Zip Code
Washington	DC	20220-0001

Purpose of Disbursement  
Payroll Taxes

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

Amount of Each Disbursement this Period

2394.52

Transaction ID : B-E-12679

**B. Verizon Wireless**

Mailing Address PO Box 660108

City	State	Zip Code
Dallas	TX	75266-0108

Purpose of Disbursement  
PhonesCategory/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2014

Amount of Each Disbursement this Period

364.55

Transaction ID : B-E-11958

**C. Verizon Wireless**

Mailing Address PO Box 660108

City	State	Zip Code
Dallas	TX	75266-0108

Purpose of Disbursement  
PhonesCategory/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		16		2014

Amount of Each Disbursement this Period

370.02

Transaction ID : B-E-12093

**SUBTOTAL** of Disbursements This Page (optional).....

3129.09

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 151 OF 160

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Fleming For Congress**

Full Name (Last, First, Middle Initial)

**A. Verizon Wireless**

Mailing Address PO Box 660108

City	State	Zip Code
Dallas	TX	75266-0108

Purpose of Disbursement  
Phones

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		21		2014

Amount of Each Disbursement this Period

364.55
--------

Transaction ID : B-E-12410

**B. Verizon Wireless**

Mailing Address PO Box 660108

City	State	Zip Code
Dallas	TX	75266-0108

Purpose of Disbursement  
Phones

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		16		2014

Amount of Each Disbursement this Period

352.71
--------

Transaction ID : B-E-12515

**c. Loraine F. McKenzie**

Mailing Address 107 S Hardwick Drive

City	State	Zip Code
Bossier City	LA	71111-6034

Purpose of Disbursement  
Reimbursement for Mileage

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2014

Amount of Each Disbursement this Period

43.5
------

Transaction ID : B-E-11973

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

760.76

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Fleming For Congress**

Full Name (Last, First, Middle Initial)

**A. Loraine F. McKenzie**

Mailing Address 107 S Hardwick Drive

City	State	Zip Code
Bossier City	LA	71111-6034

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		30		2014

Amount of Each Disbursement this Period

1596.02
---------

Transaction ID : B-E-12194

**B. Loraine F. McKenzie**

Mailing Address 107 S Hardwick Drive

City	State	Zip Code
Bossier City	LA	71111-6034

Purpose of Disbursement  
Reimbursement for Mileage

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		07		2014

Amount of Each Disbursement this Period

39
----

Transaction ID : B-E-12310

**C. Loraine F. McKenzie**

Mailing Address 107 S Hardwick Drive

City	State	Zip Code
Bossier City	LA	71111-6034

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		30		2014

Amount of Each Disbursement this Period

1452.28
---------

Transaction ID : B-E-12438

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3087.30



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Fleming For Congress**

Full Name (Last, First, Middle Initial)

**A. Loraine F. McKenzie**

Mailing Address 107 S Hardwick Drive

City	State	Zip Code
Bossier City	LA	71111-6034

Purpose of Disbursement  
Reimbursement for Mileage

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2014

Amount of Each Disbursement this Period

27.5
------

Transaction ID : B-E-12494

**B. Loraine F. McKenzie**

Mailing Address 107 S Hardwick Drive

City	State	Zip Code
Bossier City	LA	71111-6034

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

Amount of Each Disbursement this Period

1421.05
---------

Transaction ID : B-E-12676

**c. Miss Sarah E Thomas**

Mailing Address 9854 Wallace Lake Road

City	State	Zip Code
Shreveport	LA	71106-8010

Purpose of Disbursement  
Reimbursement for Supplies

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2014

Amount of Each Disbursement this Period

76.02
-------

Transaction ID : B-E-11971

Original vendors exceeding reporting threshold itemized as memo transactions.

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1524.57

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 154 OF 160

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Fleming For Congress**

Full Name (Last, First, Middle Initial)

**A. Lewis Gifts**

Mailing Address 5807 Youree Drive

City	State	Zip Code
Shreveport	LA	71105-4218

Purpose of Disbursement  
Fundraising Supplies

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		18		2014

Amount of Each Disbursement this Period

76.02
-------

Transaction ID : B-S-1490

**[MEMO ITEM]**

Subitemization of Sarah Thomas(04/01/14)

**B. Miss Sarah E Thomas**

Mailing Address 9854 Wallace Lake Road

City	State	Zip Code
Shreveport	LA	71106-8010

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		30		2014

Amount of Each Disbursement this Period

3233.29
---------

Transaction ID : B-E-12195

**c. Miss Sarah E Thomas**

Mailing Address 9854 Wallace Lake Road

City	State	Zip Code
Shreveport	LA	71106-8010

Purpose of Disbursement  
Reimbursement for Mileage

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		07		2014

Amount of Each Disbursement this Period

242
-----

Transaction ID : B-E-12309

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3475.29

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Fleming For Congress**

Full Name (Last, First, Middle Initial)

**A. Miss Sarah E Thomas**

Mailing Address 9854 Wallace Lake Road

City	State	Zip Code
Shreveport	LA	71106-8010

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		30		2014

Amount of Each Disbursement this Period

3233.29
---------

Transaction ID : B-E-12440

**B. Miss Sarah E Thomas**

Mailing Address 9854 Wallace Lake Road

City	State	Zip Code
Shreveport	LA	71106-8010

Purpose of Disbursement  
Reimbursement for Mileage

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2014

Amount of Each Disbursement this Period

63.7
------

Transaction ID : B-E-12492

**C. Miss Sarah E Thomas**

Mailing Address 9854 Wallace Lake Road

City	State	Zip Code
Shreveport	LA	71106-8010

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

Amount of Each Disbursement this Period

3233.29
---------

Transaction ID : B-E-12677

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

6530.28

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Fleming For Congress**

Full Name (Last, First, Middle Initial)

**A. Mrs. Abby Varnadore**

Mailing Address 490 Sommersby Drive

City	State	Zip Code
Minden	LA	71055-6216

Purpose of Disbursement  
Reimbursement for Mileage

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		04		2014

Amount of Each Disbursement this Period

22
----

Transaction ID : B-E-11995

**B. Mrs. Abby Varnadore**

Mailing Address 490 Sommersby Drive

City	State	Zip Code
Minden	LA	71055-6216

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		30		2014

Amount of Each Disbursement this Period

1584.78
---------

Transaction ID : B-E-12193

**C. Mrs. Abby Varnadore**

Mailing Address 490 Sommersby Drive

City	State	Zip Code
Minden	LA	71055-6216

Purpose of Disbursement  
Reimbursement for Mileage

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		07		2014

Amount of Each Disbursement this Period

42
----

Transaction ID : B-E-12311

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1648.78

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 157 OF 160

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Fleming For Congress**

Full Name (Last, First, Middle Initial)

**A. Mrs. Abby Varnadore**

Mailing Address 490 Sommersby Drive

City	State	Zip Code
Minden	LA	71055-6216

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		30		2014

Amount of Each Disbursement this Period

1435.78
---------

Transaction ID : B-E-12437

**B. Mrs. Abby Varnadore**

Mailing Address 490 Sommersby Drive

City	State	Zip Code
Minden	LA	71055-6216

Purpose of Disbursement  
Mileage Reimbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		02		2014

Amount of Each Disbursement this Period

42
----

Transaction ID : B-E-12445

**C. Mrs. Abby Varnadore**

Mailing Address 490 Sommersby Drive

City	State	Zip Code
Minden	LA	71055-6216

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

Amount of Each Disbursement this Period

1435.78
---------

Transaction ID : B-E-12675

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2913.56

108131.24

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13bNAME OF COMMITTEE (In Full)  
**Fleming For Congress**

Transaction ID : SC/10-L721

**LOAN SOURCE** Full Name (Last, First, Middle Initial)**Mr. John C Fleming(Line of Credit) Jr.**

Election: 2008

☐ Primary☐ General☒ Other (specify) ▼

Primary Runoff 2008

Mailing Address  
PO Box 1236

City

State

ZIP Code

Minden

LA

71058-1236

Original Amount of Loan

50000

Cumulative Payment To Date

31264.92

Balance Outstanding at Close of This Period

18735.08

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
10 / 17 / 2008

Date Due

M M / D D / Y Y Y Y

Interest Rate

0.00 % (apr)

Secured:

☒ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)  
Mr. John C Fleming Jr.Name of Employer  
Self-EmployedMailing Address  
PO Box 1236Occupation  
Physician

City

State

ZIP Code

Minden

LA

71058-1236

Amount  
Guaranteed  
Outstanding:

18735.08

Transaction ID : SC/10-L721.G

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

18735.08

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 159 OF 160

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13bNAME OF COMMITTEE (In Full)  
**Fleming For Congress**Transaction ID : **SC/10-L755****LOAN SOURCE** Full Name (Last, First, Middle Initial)**Mr. John C Fleming(Line of Credit) Jr.**

Election: 2008

☐ Primary☐ General☒ Other (specify) ▼

Primary Runoff 2008

Mailing Address  
PO Box 1236

City

State

ZIP Code

Minden

LA

71058-1236

Original Amount of Loan

60000

Cumulative Payment To Date

0

Balance Outstanding at Close of This Period

60000

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
10 / 15 / 2008

Date Due

M M / D D / Y Y Y Y

Interest Rate

0.00

% (apr)

Secured:

☒ Yes☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)  
Mr. John C Fleming Jr.Name of Employer  
Self-EmployedMailing Address  
PO Box 1236Occupation  
Physician

City

State

ZIP Code

Minden

LA

71058-1236

Amount  
Guaranteed  
Outstanding:

60000

Transaction ID : **SC2/10-L755.G**

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

60000.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 160 OF 160

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13bNAME OF COMMITTEE (In Full)  
**Fleming For Congress**Transaction ID : **SC/10-L784****LOAN SOURCE** Full Name (Last, First, Middle Initial)**Mr. John C Fleming(Line of Credit) Jr.**

Election: 2008

☐ Primary☐ General☒ Other (specify) ▼

Primary Runoff 2008

Mailing Address  
PO Box 1236

City

State

ZIP Code

Minden

LA

71058-1236

Original Amount of Loan

70000

Cumulative Payment To Date

0

Balance Outstanding at Close of This Period

70000

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
10 / 28 / 2008

Date Due

M M / D D / Y Y Y Y

Interest Rate

0.00

% (apr)

Secured:

☒ Yes☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)  
Mr. John C Fleming Jr.Name of Employer  
Self-EmployedMailing Address  
PO Box 1236Occupation  
Physician

City

State

ZIP Code

Minden

LA

71058-1236

Amount  
Guaranteed  
Outstanding:

70000

Transaction ID : **SC2/10-L784.G**

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

70000.00

**TOTALS** This Period (last page in this line only)..... ►

148735.08

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.